

John Gifford's Motionwise® LLC

Client Information Update Form

Name				Date	
<hr/>					
Birth Date	Month	/	Day	/	Year
Gender					

Contact Information

Street Address (inc. APT# if applicable)		
<hr/>		
City	State	Zip Code
<hr/>		
Mobile Phone	Phone Other:	e-mail

Health History

List any pre-existing conditions you may have (inc. arthritis, diabetes, scoliosis, joint replacements, spinal rods, cancer, etc).

☐ I have no pre-existing conditions.

I understand and agree that I am financially responsible for any late canceled or missed appointment where I do not give Motionwise at least 12-hours notice of my inattendance. I also understand that the length of a session cannot be extended to accommodate any late arrival to an appointment. I also understand that I am responsible for the full session cost.

Signature (Please sign to affirm that the above information is correct)	Date
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