

John Gifford's Motionwise® LLC Client Information Update Form

Please fill in each item and email to info@motionwise.com or bring in at your next appointment.

Name	Date
Birth Date Month (00)/ Day (00)/ Year (0000)	Biological Gender

Contact Information

Street Address (inc. APT# if applicable)

City	State	Zip Code
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**If not listed, please provide cell phone number and circle.

Phone #1 H / C / W	Phone #2 H / C / W	e-mail - **Best for Reminders**
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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 have received the office Privacy Policy Form (HIPPA). I also 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 non-attendance. I 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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