



Intake Form

PRINTED Name First, Last	Date

Address:

City	Sate	Zip

Phone: Would you like a reminder text? Y / N

(W/C/H)	( )	-	(W/C/H)	( )	-
Email		@			

May we contact you on a social media platform? Y / N Which one?

Name to look for?

	M F		
D.O.B.	Sex	Marital status	Occupation

Emergency Contact Information:

Name	
Number	
Relationship	
P.C.P. Name	
	*please let provider know in advance if you are planning to bill your insurance *We do NOT bill insurance.

\*all information collected by BodyWorks Wellness Spa in kept confidential and is ONLY used by BodyWorks. We do not share information without written consent to other sources.

Referred by:	
	PLEASE PRINT THE NAME OF THE PERSON OR COMPANY WE CAN THANK

**Cancelled and Missed Appointments:** Please understand that your commitment begins the moment you reserve your appointment. Please consider your schedule carefully when you make your appointment. We ask that at least 24 hour notice is given to cancel/reschedule your appointment. Please be aware that you can be charged the full price of the service(s) you booked without 24 hour notice of cancellation. If it's a habitual issue you may be required to pay in advance or have an active credit card to book your appointments.