

# COCHRAN CHIROPRACTIC

## CANCELLATION POLICY

DUE TO LIMITED SPACE AVAILABLE WITH OUR SOFT TISSUE TREATMENTS A 24 HOUR NOTICE IS REQUIRED TO CANCEL AN APPOINTMENT AND AVOID A "NO SHOW" FEE OF \$30.

TO AVOID THE \$30 CANCELLATION FEE YOU MUST NOTIFY OUR OFFICE OF YOUR CHANGE MORE THAN 24 HOURS BEFORE YOUR SCHEDULED APPOINTMENT TIME TO SEE *TESIA*. ALSO IF YOU ARE SCHEDULED FOR MUSCLE THERAPY YOU MUST SEE DR. COCHRAN. IF YOU DO NOT IT IS LIKELY THAT YOUR INSURANCE WILL NOT COVER THE CHARGES AND WILL THEN BE YOUR RESPONSIBILITY.

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE CANCELLATION POLICY OF DR. COCHRAN AND COCHRAN CHIROPRACTIC AS IT APPLIES TO THEIR SCHEDULING OF "SOFT TISSUE TREATMENTS".

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

## Client Intake Form

Name \_\_\_\_\_ Male or Female \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

General Health Condition \_\_\_\_\_ Normal Blood Pressure \_\_\_\_\_

General Activities \_\_\_\_\_ General Posture \_\_\_\_\_

General Diet \_\_\_\_\_ Frequency you smoke or drink \_\_\_\_\_

List any serious or chronic health conditions, illnesses, operations, traumatic accidents, or communicable diseases you have had: \_\_\_\_\_

Are you under a doctors, chiropractors, or other health practitioners care? Yes No

If so, for what conditions? \_\_\_\_\_

Are you on any medications? \_\_\_\_\_

Do I have permission to communicate with your doctor, chiropractor, or other health care practitioner? \_\_\_\_\_

What are your goals for today's massage session? \_\_\_\_\_

### INFORMED CONSENT FOR TREATMENT

I have completed this informational intake form to the best of my knowledge. I understand massage services are designed to be a health aid and in no way to take the place of a doctors care. That it is recommended that I work concurrently with a primary caregiver, and that spinal manipulations are not apart of massage therapy. I understand massage is intended to promote muscle relaxation, reduce muscle tension, increase circulation, and increase range of motion. I acknowledge that any and all information exchanged between myself and therapist are educational in nature and are not intended to diagnose any condition. I understand all information is kept confidential unless a written release is signed.

Signature \_\_\_\_\_ Date \_\_\_\_\_