

Name \_\_\_\_\_

Street Address/Apt Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Year of Birth \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Phone \_\_\_\_\_

May I send you updates via e-mail? YES / NO

May I send you updates via text? YES / NO

**\_\_\_\_\_ I have seen and read the HIPPA, CAM, Prices / Policies documents and agreed to those terms and conditions. I furthermore, understand that I can request a copy of those documents at any time. As stated in the policy document, the services I am requesting are non-sexual in nature. I agree that if I solicit for such services full payment is expected immediately and I will not return to Tony Schwartz Bodywork.**

Circle any that apply to your present health (professionally assessed):

- Headaches / Migraines      Chronic Pain      Varicose Veins      HIV/AIDS
- Skin Problems      Muscle / Joint Pain      Blood Clots      Pregnant wks: \_\_\_\_\_
- Sinus Problems      Diabetes      High/Low Blood Pressure      Prostrate Problems
- Jaw Pain / Teeth Grinding      Sprains / Strains      Sleep Difficulties      Painful Menstruation
- Fatigue      Scoliosis      Fibromyalgia      Tendonitis
- Depression      Cancer      Arthritis      Numbness / Tingling
- Recent Injuries      Past Surgeries      \_\_\_\_\_

EXPLAIN ANY ABOVE / ALL MEDICATIONS / ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact with Number \_\_\_\_\_

Other Requests \_\_\_\_\_

=====STOP AT THIS LINE PLEASE=====

First Payment: DATE: \_\_\_\_\_ MOP: \_\_\_\_\_ ZIP: \_\_\_\_\_ Discount: \_\_\_\_\_ BAL: \_\_\_\_\_

Action or Situation	Dates	Other Notes

Yearly Plan Sheet \_\_\_\_\_ / \_\_\_\_\_

Month	Year	Activity Focus	Session HR / x-per MO	Focus Points
January		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
February		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
March		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
April		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
May		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
June		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
July		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
August		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
September		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
October		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
Novmeber		MC TR PRE POS	30 60 90 120 / 1 2 3 4	
December		MC TR PRE POS	30 60 90 120 / 1 2 3 4	

MC = Maintenance TR = Training PRE = Pre-Event POS = Post-Event

Your Goal(s) \_\_\_\_\_

Your Activity \_\_\_\_\_

Your Professionals \_\_\_\_\_

Priority #1	
Priority #2	
Priority #3	

