WESTERN MASS WELLNESS CENTER, LLC
567 Springfield Street
Feeding Hills, MA 01030
(413) 244-4660

CLIENT INFORMATION FORM

(*please print legibly*)

Name: _____ Phone: _____

Street: _____ City, State, Zip: _____

Email: _____ Date of Birth: _____

How did you hear about us?_____ Primary reason for visit: _____

Please check all items that apply to you / your health:

□ Allergies (please list):	□ Infectious Disease (please list):	□ Pain (describe):
□ Blood Clots / DVT / Phlebitis	□ Skin Conditions	□ Migraines
□ Congestive Heart Failure	□ Respiratory Conditions	□ Overweight/Underweight
□ Heart Attack	□ Diabetes	□ Insecurities/Stressed out
□ High Blood Pressure	□ Cancer or Tumors	□ Candida/Yeast Infections
□ High Cholesterol	□ Low Immune Function	□ Toxic Liver/Kidney
□ Stroke	□ Arthritis or Inflammation	□ Sciatica
□ Cardiovasular / Circulatory Condition(s):	□ Surgeries or major injuries:	□ Pregnancy (current) What trimester?
□ Depression	□ Fear/Phobias	□ Grief
□ Anxiousness, Insomnia	□ Troubled Relationships	□ Anger/Aggression
□ Lack of energy/motivation	□ Adrenal Exhaustion	□ Sugar Cravings

Tools/techniques you presently practice for wholeness: (meditation, diet, homeopathy, vitamins):

_____

Are you currently under medical care? (If yes, why?) _____

Practitioner Notes:

Please Turn Over for Signature

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Wellness Program Waiver & Release of Liability

I, _____ the undersigned, understand that Western Mass Wellness Center, LLC (hereafter also referred to "The Center") and its contractors (also referred to as practitioners/therapists) offer holistic modalities, services, therapies, events, classes, and offerings (hereafter referred to as "Services" and "Sessions") that are intended to promote wellness, but are **not a substitute for medical care and are in no way meant to diagnose, treat or cure any illness or disease.** I understand that depending on the Services received, I may experience tingling, hot or cold sensations and/or physical or emotional release during or in the days immediately following the Session. I may also experience some mild soreness in the days immediately following the Session. **I understand that I am always free to stop any Session if I am feeling uncomfortable. I understand that since this time has been expressly set aside for me, should I elect to stop the Session, I agree to pay the full fee.**

CANCELLATIONS/RESCHEDULING/NO SHOWS. I understand that out of consideration for practitioners, and other guests of The Center, **24 hours' notice is required in order to cancel or reschedule any appointments.** I understand that any guest who cancels / reschedules appointments with less than 24 hours' notice may be required to leave billing information on file in order to be able to book future sessions. **I understand and agree that I may be billed a fee of $25 per session that is canceled / rescheduled with less than 24 hours' notice, and also for session(s) that I do not attend without canceling.** I understand and agree that this policy also extends to any appointments I schedule for my family, friends, and/or dependents, etc. This fee goes toward helping both the center and its staff recoup a portion of income lost from the missed session, so that they may continue to offer their services to the community and support their families.

SAFETY. I understand and agree that I have provided my important health information, including but not limited to any and all allergies, illnesses, diseases, conditions, past/present major surgeries, past/present major injuries, and medications on the Client Information Form provided. **I understand that not providing all of my important health information may lead to injury during Services, and agree to hold blameless The Center and its contractors, for any injury resulting from my not sharing important health information either intentionally or unintentionally.**

Furthermore, I understand that The Center and its contractors are professionals, and that The Center and its contractors have **a zero tolerance policy** with regard to inappropriate (crude, rude, vulgar, aggressive and/or sexual) remarks or behavior. **I understand and agree** that violations of this policy by me will result in **immediate forfeit of Services**, without refund, and that I will not be eligible for any future Services offered at or by The Center or its contractors. **I understand and agree that in such instances I am still responsible to pay the full fee for the forfeit Services which I was attending.**

EMERGENCY CARE. In the event that I require emergency care, for any reason, while at The Center, I agree that emergency services may be called upon to assist me by The Center and/or its contractors, **and I understand and agree that I am fully responsible for payment of any and all medical services rendered.**

NO WARRANTIES. I understand and agree that The Center makes no warranties, express or implied, as to Services offered; nor does The Center make any warranties, express or implied, as to the property on which the Services will take place, nor to any persons in attendance at the Services, whether I have any health limitations that would preclude my participation in the Services, or any other warranty, condition, guaranty, or representation, whether oral, written, or in electronic form, in relation to the Services.

Further, I hereby knowingly waive any right(s) that my family, estate, heirs, assigns or I now have, or may at any future period have, to file any lawsuit or claims against Western Mass Wellness Center, LLC, its Trustees, Directors, employees, contractors, and agents and release and hold them harmless from, and assume all responsibility for, all claims, demands, injuries, damages, actions or causes of action, to persons or property, arising out of or connected with my participation in any Services, including but not limited to personal injury claims, damage, or wrongful death claims arising during the Services and after I complete the Services, including claims based on negligence of other participants, whether passive or active.

MISCELLANEOUS. In the event any provision of this Wellness Program Waiver and Relief of Liability Form is found to be legally invalid or unenforceable for any reason, all remaining provisions will remain in full force and in affect. This Wellness Program Waiver and Release of Liability is binding upon me as well as my heirs, children, personal representatives, or anyone else entitled on my behalf.

Signature: _____ **Date:** _____