

Pure Balance Austin

300 Beardsley Ln. Bldg. E; Austin, TX 78746

Personal Information

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Occupation _____

Email _____ Referred By _____

Physical Activities/Exercise _____

Medications/Supplements _____

Major Injuries/Surgeries (with dates of occurrence) _____

Current pain or areas of tension _____

Emergency Notification

Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Financial Agreement

I understand that all services are rendered on a cash, check or credit card basis. Unless other arrangements have been made and approved, I agree to pay for each session at the time of the session. I also agree to the \$20 returned check charge in the event that my check is returned.

Signature _____ Date _____