

Therapy Room

Name	Date
Address	City/State/Zip
Phone	Email
Date of Birth Age	Referred By

Which of our services are you interested in today?

List in order of importance your current primary health concerns

1)	4)
2)	5)
3)	6)

Current or previous treatments and medications/supplements for above concerns (if any)

How would you describe your diet? _____

.....Notes.....



WAVER OF LIABILITY

I, _____ understand the practitioners of Back2Balance Health & Wellness (The Practice) are not licensed physicians and are in no way authorized to diagnose, prevent, cure or treat any disease. The Practice assists clients by educating and suggesting individualized dietary intake, nutritional supplements, herbal and homeopathic remedies, exercise, stress reduction techniques and holistic healing therapies and devices (The Services). These therapies are used to enhance and complement your current health regimen. The Services are not intended to replace your current treatments or medications; nor are they in any way intended as a substitute for care by a licensed medical doctor.

I understand the statements made about The Services offered have not been evaluated by the U.S. Food and Drug Administration. They are not intended to diagnose, treat, cure or prevent any condition or disease.

I understand that not every person may obtain the desired results from the use of The Services provided by The Practice. The Practice will not be held responsible or liable for any failure to produce expected results from The Services or if the Services cause adverse reactions.

I understand the Practice and Services are not intended to diagnose, treat, cure, mitigate or prevent disease, illness or any medical condition. It is my responsibility to determine if I am fit for The Services and qualify for their use by reviewing the warnings and contraindications located within the description of each service offered. I will consult with my healthcare practitioner to prior to using The Services.

I understand that by participating in The Services of The Practice, I agree to release The Practice of any liability that may arise. This is a comprehensive limitation of liability that applies to all damages of any kind; including without limitation, compensatory, direct, indirect or consequential damages, loss of income, profit, loss or damage to property and claims of third parties.

Signed:

Type Name if Agreed

Date