



INTAKE

GENERAL INFORMATION

Name: _____ Date of Birth: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Email: _____ Phone Number: _____

Occupation: _____ How did you hear about us? _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____

PHYSICIAN NOTIFICATION

Please check one:

I would like Beyond Exercise, LLC to inform my physician that I am receiving care at Beyond Exercise, LLC. I consent to the release of any information pertaining to my treatment to my physician.

Practice Name and phone/address: _____

I would **NOT** like Beyond Exercise, LLC to inform my physician that I am receiving care.

PRIVACY RELEASE

[Yes / No] I consent to the release of any information pertaining to my treatment and medical information to other(s) as listed below:

Name of Personal Trainer/Coach/Family/Insurance: _____

Client Signature: _____ **Date:** _____

I would **NOT** like to receive email newsletters regarding news and updates pertinent to Beyond Exercise.

I'm interested in learning more about the Beyond Exercise services listed below.

Physical Therapy Personal Training Nutrition Massage Pilates Wellness Coaching



PHYSICAL THERAPY CANCELLATION/NO SHOW POLICY

Frequent cancellations or no-shows may delay your progress and prolong your symptoms. We will make every effort to schedule appointments that work best with your schedule. We request 24 hour notice if you cannot make your appointment. We will charge \$25 for the first late cancellation and then \$75 for any subsequent late cancellations. If a late fee is assessed, we will contact you to resolve the matter, and the credit card on file will be used as the form of payment for that charge. You may also use an alternative form of payment for that charge. Please review the policies below for appointments cancelled without 24 hour notice or missed appointments.

We will charge a \$25 deposit for all New Client First Time Appointments

MASSAGE THERAPY

We request 24 hours notice if you cannot make your appointment. We will charge \$25 for the first late cancellation and then for any subsequent late cancellations \$50 for 60 minutes, \$75 for 90 minutes, \$25 for Active Release. We will charge a \$25 deposit for all New Client First Time Appointments

ALTER G:

Appointments that are cancelled on the same day or skipped will count against your AlterG pass. If you do not have a pass, you will be charged the single use rate for the missed appointment.

PERSONAL TRAINING / PILATES / YOGA:

Appointments that are cancelled less than 24 hours before your appointment or skipped will count against your personal training/pilates/yoga package. If you do not have a package, we may charge up to the full amount of the service fee for cancellations less than 24 hours before your appointment or if you miss the appointment without notice.

STORED CREDIT CARD POLICY

In order to optimize your time and ensure we receive prompt payment for services, our credit card policy requires all clients keep a credit card on file on their Mindbody accounts. Staff will not be able to see your credit card information. Your credit card information is securely stored in our Mindbody software. When it is time to process a payment to your account for services rendered, we will ask for your permission to charge the card on file. You can change this card at any time and may use an alternative form of payment if desired. You can choose to enter this credit card information yourself online on your Mindbody account, using the Mindbody app or we can swipe your card at the front desk and store it for you at your visit. No charge is made to your credit card in the process of storing it on your account.

Client Name: _____

Client Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____