



ADVANCED WELLNESS CENTER OF PA

Alternative Solutions to Chronic Health Problems

www.AdvancedWellnessCenterofPA.com

CLIENT INFORMATION AND RELEASE

Date _____

Name _____ Address _____

City _____ State _____ Zip _____

Health Information:

Are you currently under a Doctor's Care? _____ If Yes, Please explain _____

_____ Pregnant? _____ weeks (_____)

Please List any medications you are currently taking, including aspirin, ibuprofen, birth control pills, etc.

List Surgeries/Accidents (including year and treatment received) in the last 5 years.

Any serious diseases or disabilities (Please explain.) _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or stroke may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I AM OF LAWFUL AGE (18) AND HAVE READ AND FULLY UNDERSTAND the contents of this document and represent myself as physically capable of using the services offered by this facility.

Signature _____ Date _____

Practitioners Signature _____ Date _____



Dr. Christopher Walcott, CHIROPRACTOR / DIRECTOR

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