



# BALANCED THERAPEUTIC MASSAGE

A division of Balanced Chiropractic

780-997-0063

## CONTACT INFORMATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                  D                                  M                                  Y

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

Prov

\_\_\_\_\_

Postal Code

Phone Numbers: \_\_\_\_\_

HOME

CELL

\_\_\_\_\_

WORK

Email Address: \_\_\_\_\_

**\*\* PLEASE NOTE** we do not solicit information via this method of communication.

\_\_\_\_\_

Do you have insurance? Yes

No

If so, who is your provider? \_\_\_\_\_

What is your policy  
and group number? \_\_\_\_\_

