Dr. Mel's Wellness Spa Services

916 SE Cape Coral Parkway
Cape Coral, FL 33904
239-542-1422

New Client Information Sheet

Name: ____________________________________ Birth Date: ____________________

Address: ____

City **State** **Zip**

Phone #: ________________________________ Work/Cell #: _________________________

Email Address: ___________________________ Referred By: _________________________

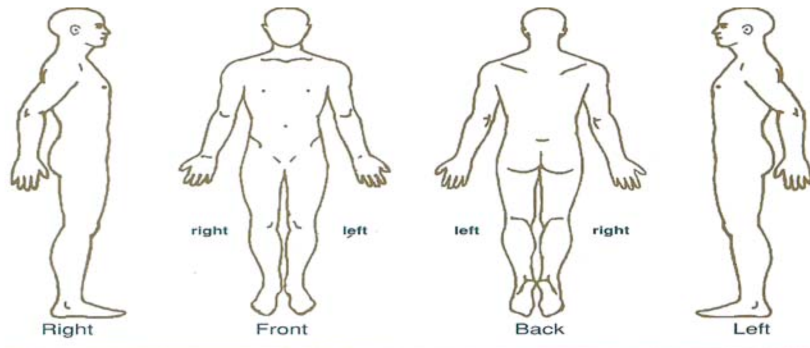
Emergency Contact Name and Number: ____

Reason for today's visit Emergency __ New Injury __ Old Injury __ Chronic __

Are you in pain Yes No

Rate pain on following scale discomfort -1 2 3 4 5 6 7 8 9 10-intense pain

Please mark on the body the areas you are hurting:



Have you had any of the following medical conditions? Please circle Y or N

Y N	Shingles	Y N	Hepatitis	Y N	High/Low blood pressure
Y N	Severe/frequent headaches	Y N	Cancer	Y N	Artificial bones/joints/implants
Y N	Fainting/seizures/epilepsy	Y N	HIV/Aids/ARC	Y N	Arthritis

Please list anything you may be allergic to: _______________________________________

- We invite you to discuss with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and patient.
- I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

IRREVOCABLE AGREEMENT FOR PAYMENT

I clearly understand and agree that all services rendered by Dr. Mel's Wellness Spa, are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care, that any fees for professional services rendered to me will be immediately due and payable.

I understand that as I am accepted as a patient of Dr. Mel's Wellness Spa Services, I authorize Dr. Mel and her staff to proceed with any spa services requested by me. Furthermore, any risks associated with the spa services provided, will be explained to me upon my request.

Signature: ____________________________________ Date: ______________________