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CLIENT INFORMATION

First Name				
Middle Name / Initial				
Last Name				
Preferred Nickname?				
Street Address				
City, State				
Zip Code				
Cell Phone				
Home Phone				
Work Phone				
Email				
Date of Birth				
How did you hear about The Recovery Suite?				
Are you interested in learning more about any specific treatments here at The Recovery Suite?	<input type="checkbox"/>	Cold Laser Therapy	<input type="checkbox"/>	Cupping
	<input type="checkbox"/>	Dry Needling	<input type="checkbox"/>	Kinesio Taping®
	<input type="checkbox"/>	Normatec Compression®	<input type="checkbox"/>	Theragun®

EMERGENCY CONTACT

Name	Relation	Phone

IF CLIENT IS UNDER 18 YEARS OF AGE

Name of Parent / Legal Guardian	Relation to Patient

PLEASE FLIP OVER TO COMPLETE THE BACK OF THIS PAGE

PLEASE READ AND SIGN THESE THREE SECTIONS

FINANCIAL RESPONSIBILITY

I understand that The Recovery Suite is a **self-pay facility** that accepts forms of payment including; cash, personal check, credit and debit card as well as HSA/FSA funds. I understand The Recovery Suite does not contract with insurance companies or submit insurance claims. I accept responsibility for payment for treatments rendered at the time of service unless I have pre-purchased a package or membership or have made formal payment arrangements with Back to Health's billing manager.

SIGNATURE

DATE

Memberships

Peak Performance Membership \$299/mo.
3/mo commitment with unlimited 2 services daily

Pre-Hab Membership \$249/mo.
3/mo commitment unlimited 1 service daily

Student Athlete Membership #1 \$119/mo.
No commitment with unlimited 2 services daily

Student Athlete Membership #2 \$99/mo.
No commitment with unlimited 1 service daily

Visits & Packages

1 Recovery Session - 1 Service \$29

1 Recovery Session - 2 Services \$39

5 Recovery Sessions - 1 Service \$129

5 Recovery Sessions - 2 Services \$159

10 Recovery Session - 1 Service \$229

10 Recovery Sessions - 2 Services \$259

TREATMENT CONSENT

I hereby request and consent to the performance of any or all of the following treatments and modalities; NormaTec Compression® sleeves, Cold Laser Therapy®, Dry Needling, Cupping, Theragun, Kinesio Taping and any or all other treatments scheduled with The Recovery Suite at Back to Health Chiropractic & Acupuncture. I understand and am informed that as in the practice of medicine, with the practice of these treatments and modalities, there are some risks. These risks may include but are not limited to; fractures, strokes, disc injuries, dislocations, and sprains. I do not expect the physician to be able to explain or anticipate all risks and complications, and I choose to rely on the physician to exercise his best judgment overseeing the course of my treatment. This concerns which treatment(s) and modalities are in my best interest, based upon the facts as they are known at that time.

SIGNATURE

DATE

HIPAA PRIVACY PRACTICES

I have received the Notice of Privacy Practices & I have been provided with an opportunity to read it. There is a complete copy of the Privacy Act available upon request (copy also upon request).

SIGNATURE

DATE



Please return this form to the front desk at your first scheduled visit.

Thank You!