



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? _____

