

Client Intake Form

JustQuit Laser Therapy

902-446-4465

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ DATE OF BIRTH: _____

PHONE NUMBER: _____ MESSAGE PHONE NUMBER: _____

PLACE OF WORK: _____ EMAIL: _____

How did you hear about JustQuit Laser Therapy? _____

The following information is confidential and required prior to receiving any service.

****JustQuit Laser Therapy does not accept clients who are pregnant.****

Are any of the following issues related to you?

- Smoking addiction
- Weight Appetite/Hunger Control
- Substance Abuse (Drugs or Alcohol)
- Stress Management
- Chronic Pain

Do you have any of the following conditions: YES or NO

- Cancer
- Pace Maker
- Heart Condition
- Pregnant
- Seizures

Do you have High Blood Pressure? YES or NO

Do you have any other Medical Condition(s) that Just Quit Laser Therapy should be aware of? YES or NO If YES....Please list the condition(s): _____

Please list any Medications you are currently taking: _____

What made you decide to try JustQuit Laser Therapy? _____

How long have you been smoking? _____

How much do you smoke in a day? _____

Have you tried to quit smoking before? YES or NO

When was the last time you tried to quit? _____

What method have you tried before?

___ Gum ___ Patch ___ Zyban ___ Champex ___ Hypnosis ___ Cold Turkey ___ other

How long did you quit for? _____

Are you concerned about weight gain? YES or NO

Do you have problems sleeping? YES or NO Please describe: _____

How is your stress level? Please circle: 1 2 3 4 5 6 7 8 9 10 Highest

Any comments or suggestions? _____

Waiver:

The undersigned has read, understands and agrees to the following statements:
JustQuit Laser Therapy does not diagnose or treat any disease or medical condition. Before taking any vitamins or supplements the undersigned will consult their Physician/Pharmacist. The undersigned agrees to hold JustQuit Laser Therapy and its' owners, officers, directors, managers, and employees harmless of any and all liability related to the Just Quit Laser Therapy system. JustQuit Laser Therapy does not issue any guarantee and the company does not make any promises regarding individual results therefore we understand that JustQuit Laser does not offer refunds on any treatments. The undersigned authorizes JustQuit Laser Therapy to do the follow up phone calls to the numbers supplied.

CLIENT SIGNATURE: _____ DATE: _____

THERAPIST SIGNATURE: _____ DATE: _____

Is there any person that you do not want us to call or take your messages? YES OR NO

If so, please list _____

I allow JustQuit Laser Therapy to email all sales and promotions.

Client Signature _____