

Client Intake Form

First name: _____ Last name: _____

Phone #: _____ E-mail: _____

Date of birth (month, day, year): _____

Emergency contact name: _____

Emergency contact phone #: _____

Employer: _____

Insurance provider: _____

Policy #: _____ ID #: _____

*If you are on your spouse's insurance policy, we require the following information:

Spouse's name: _____ Date of birth: _____

Do you have other health coverage? Yes___ No___

Which service are you booked for?

Quit smoking, vaping, alcohol, marijuana___ Weight loss support___ Anxiety & stress relief___

Do you have any of the following conditions?

Cancer___ Pacemaker___ Heart condition___ Pregnant___ Seizures___ ADHD___ IBS___

Other _____

Client consent & release of liability — JustQuit Laser Therapy:

JustQuit Laser Therapy provides laser therapy services only and does not diagnose or treat any disease or medical condition. Before taking any vitamins or supplements, please consult a licensed physician or pharmacist. The undersigned accepts all services at their own risk and waives any claims against JustQuit Laser Therapy, its owners, and its staff for liabilities arising from services received. Individual results vary and are not guaranteed; all treatment fees are non-refundable once services have been rendered.

By signing below, the undersigned consents to receive follow-up calls and promotional emails from JustQuit Laser Therapy at the contact information provided, and grants permission for any feedback or testimonials to be used for marketing purposes across print and digital platforms. Either consent may be withdrawn in writing at any time.

Client signature: _____ Date: _____