



CLIENT INFORMATION

CLIENT'S NAME: _____

DATE OF BIRTH _____ AGE _____ GRADE/YEAR _____

SCHOOL: _____

Parents' Names: _____

Mailing Address: _____

_____ ZIP Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

REFERRED BY: _____

Please give us a brief description of learning and/or other problems that brought you to Innovative Kinesiology:

Relevant history of above complaint or problem:

I declare that the above information is correct to the best of my knowledge.
I also understand that payment is due on date of rendered service, and that 24 hour notice of cancellation is requested.

Signed: _____ Date: _____