



## NEW MESSAGE PATIENT DEMOGRAPHICS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Gender M F

Email \_\_\_\_\_

May we send text appointment reminders? **Y N** Email? **Y N**

Emergency Contact Name/phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## THERAPEUTIC MASSAGE QUESTIONNAIRE

When was your last massage? \_\_\_\_\_

How frequently do you receive massage? \_\_\_\_\_

What is your goal or concern for today's treatment?  
\_\_\_\_\_

If you have complex and/or serious health conditions, please consult with your physician before receiving treatment. By signing below, you take responsibility for alerting your practitioner to any changes in health conditions.

### **Cancellation/No Show Policy:**

We would like to thank you for being a patient in our office. We value all of our patients and strive to provide the best experience possible in the most comfortable setting. Please understand that when we schedule your appointment, we are reserving time for your particular needs. We kindly ask that if you must change an appointment, please give us a 24 hours notice. If you are unable to keep your scheduled appointment, please call the office to reschedule. If you no show or cancel without a 24 hour notice, we reserve the right to assess a \$50 Medspa fee or \$100 cosmetic fee.

### **Skin Care Product Return Policy**

RENU by Dr. Schoenfeld is dedicated to bringing you the best in skin care. If you are not completely satisfied with a product for any reason, please contact our office within 14 days of the purchase date. We're happy to go over your concerns and best way to get the most out of your purchase. **If we can't make this product work for you, we're more than happy to issue a store credit or product exchange. All product exchanges must be unopened and unused within 14 days of purchase.**

By signing below you are acknowledging that you have read and understand the Cancellation and Product Return Policy, and that all information provided is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_