THERAPEUTIC MASSAGE CLINIC: REGISTRATION FORM

Please print and use ink when filling out the form. Thank you.

ALL CLIENTS please return:

- ❑ Completed Registration Form
- ❑ Check or money order for $360 ($225 if you are 65 or over) payable to Swedish Institute
- ❑ Medical Clearance—for Winter NEW clients must submit a clearance dated on or after June 15, 2009.

Return all of the above to Swedish Institute, Therapeutic Massage Clinic, 226 W. 26th Street, New York, NY 10001.

Name: _____

Address: _____

_____

City: _____

State: _____ Zip: _____

E-mail: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Date of Birth: _____

Occupation: _____

_____

EMERGENCY CONTACT

Name: _____

Phone: _____

CLINIC DATES AND TIME

Please see the back cover for next semester's clinic dates and times.

My preference is for the following days and times:

First choice Day _____ Time _____

Second choice: Day _____ Time _____

Once your appointment has been confirmed, the fee is non-refundable.

The first session of each six week series will consist only of a lengthy intake and evaluation. However, we would appreciate a brief description of the injury, condition or complaint that brings you to this clinic:

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Are you pregnant? If so, number of weeks: _____