



Client Information Form

Name _____

Mobile Phone _____

Phone Provider (needed for text confirmation)

AT&T T-Mobile Sprint Verizon

Client Type:

Athlete: Middle School, High School,
College, or Professional.

General Public Other: _____

Appointment Confirmation

Text Only Email Only Text & Email

Home Phone _____

Work Phone _____

Address _____

City and State _____

Zip Code _____

Email _____

Date of Birth _____

Gender Male Female

Health Alerts

Allergies _____

Other _____

Referred By

Another Client _____

Internet Flyer Newspaper Radio

Yellow Pages Other _____

Emergency Contact Information

Name _____

Relationship _____

Phone _____

Email _____

Do you wish to store billing information (credit card or ACH) in the secure HPT system?

YES NO

If yes, please give card to front desk staff to swipe.

Do you pay for another client? YES NO

Name _____

Relationship _____

Do you share a package with another client?

YES NO

Name _____

Relationship _____

Log-In (Must be 8 characters with numbers and letters)

Username – Will be Email address

Password _____