

**New Beginnings Wellness Center & Spa**  
**927 N. Trenton Street**  
**Ruston, LA 71270**  
**318.255.1155 PH**  
**318.255.3181 FAX**

New Patient SPA

**PATIENT INFORMATION**

Last Name:	First Name:	MI:	DOB:	Female	Male
Home Address:		City:		State:	Zip:
Phone 1:(        )	Home	Work	Cell		
Phone 2:(        )	Home	Work	Cell		
Reason for visit to New Beginnings:					
Emergency contact:			Phone: (        )	Relationship:	
How did you hear about us?					
Are you currently taking any medications? If yes, please list them here:					

**CREDIT CARD INFORMATION TO BE KEPT IN YOUR PRIVATE ELECTRONIC CHART**

Name on Card:					
Card Type:	VISA	Mastercard	AMEX	Discover	
Card Number:			Exp:	Security Code:	
Billing Address:					

**\*credit card information IS REQUIRED for our cancellation and no show policy.\***

**POLICIES AND PROCEDURES (PLEASE read carefully and initial next to each line to indicate your full understanding)**

**\*Effective January 1, 2017\***

**Due to an excessive number of last minute cancellations and no showing of appointments, we are updating our policy as follows:**

\_\_\_\_ New Beginnings Wellness Center & Spa operates on a **24 hour cancellation AND no show policy**. If you are unable to make your appointment, we ask that you please give us 24 hours notice. Consecutive last minute cancellations or no shows may result in refusal of future appointments or payment in full required prior to scheduling any future appointments. If you no show an appointment or give last minute notice, a fee of **\$50** will be incurred.

\_\_\_\_ New Beginnings Wellness Center & Spa does not offer refunds on test kits, supplements, or products. If an item does not agree with you, we will gladly exchange the item or give you store credit.

\_\_\_\_ New Beginnings Wellness Center & Spa requires payment in full at the time all services are rendered. Unless prior arrangements are made, we do not have any form of payment plans available.

\_\_\_\_ Spa parties and packages are available through the Office Manager. Spa parties will include an 18% gratuity added to your total.

\_\_\_\_ Gift Certificates are not redeemable for cash, may not be returned, and expire six months from the purchase date.

**By signing below, I agree to become a New Beginnings Wellness Center and Spa patient and I agree to the terms outlined in this patient agreement.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name Printed: \_\_\_\_\_