



(https://wellspringvitality.com/)

Edit

(/admin/settings/forms_surveys/intake_form_builder/1)

Back to Intake Forms

(/admin/settings/forms_surveys/intake_forms)

Profile Information — Step 1 of 3

You are completing the intake form: **Wellspring Vitality intake form** for **

Please take a moment to fill out our online intake form before your visit. All information is kept completely confidential. Review our privacy policy at - <https://wellspringvitality.com/privacy-policy/>

 Only staff members can edit this information on an intake form.

First Name – Required

Last Name – Required

Preferred Name (if different) 

Please provide at least one phone number. Your mobile number can be used to look up your Account.

Mobile Phone

A mobile phone is required if you would like to receive SMS appointment reminders.

Home Phone

Country – Required

Street Address – Required

Suite Number (i.e. Suite #100)

City – Required**State** – Required**Postal / Zip** – Required**Date of Birth** – Required**Gender**

Refers to current gender which may be different than what is indicated on your insurance policies or medical record.

Sex – Required

This field may be used for submitting claims to your insurance provider. Please ensure the sex you provide here matches what your insurance provider has on file or what is indicated on your medical record.

Personal Health Number**Guardian****Emergency Contact** – Required**Emergency Contact Phone** – Required**Emergency Contact Relationship** – Required

Family Doctor**Family Doctor Phone (if known)****Family Doctor Email (if known)****Name of Referring Professional** – *Required***Referring Professional Phone (if known)****Referring Professional Email (if known)****How Did You Hear About Us?** – *Required***Who Were You Referred To?**

Please check that all required questions have been answered.

[Continue](#)

Credit Card Information — Step 2 of 3

You are completing the following intake forms: Wellspring Vitality intake form

Add a credit card

Wellspring Vitality requires that you put a card on file for contactless payments. This helps keep both you and us safe, as well as spend more time with you, rather than taking a payment after your session.



Card number

MM / YY CVC

We accept Visa, MasterCard, American Express, Discover, Diners Club, and UnionPay.

☐ I am aware of the **Cancellation Policy**. Read Cancellation Policy

⚠ Please accept Cancellation Policy

[Back \(/intake_form/update_step?intake_form_ids%5B%5D=1&step=profile\)](/intake_form/update_step?intake_form_ids%5B%5D=1&step=profile)[Save Card](#)

Consents — Step 3 of 3

You are completing the following intake forms: Wellspring Vitality intake form

Communication

Appointment Notifications and Reminders

Email

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

☐ I would like email notifications of new, cancelled, and rescheduled appointments

☐ Email 2 days before appointment

Text Message (SMS)

Standard messaging & data rates may apply, messaging frequency can vary and you can update your preferences anytime.

☐ Text Message (SMS) 2 hours before appointment

☐ Text Message (SMS) 2 days before appointment

News and Special Promotions

☐ Yes, I would like to receive news and special promotions by email

Wellspring Vitality intake form — Consents

Accuracy of Information

☐ I certify that the above medical information is correct to my knowledge. – *Required*

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

We do not sell, trade, or otherwise transfer to outside parties your personally identifiable information such as SMS consent, phone number, or name.

Read our full privacy policy at: <https://wellspringvitality.com/privacy-policy/>

☐ I agree and understand that Wellspring Vitality's Privacy Policy – *Required*

Cancellation Policy

In order to respect our wellness providers and technologies availability, all appointments canceled within 24 hours of the set time will be billed in full. Cancellations must be made in advance by at least a day to avoid any fees. We completely understand that sometimes life throws curve balls. If you are in an emergency situation and need to cancel, we will not charge for the appointment.

☐ I am aware of the cancellation policy. – *Required*

SMS Update Sign Up

By clicking this box, you agree to receive SMS from Wellspring Vitality. Reply STOP to opt-out at any time, Reply HELP for customer care information. Message data rates may apply. Messaging frequency will vary. See our Privacy policy here <https://wellspringvitality.com/privacy-policy/> (<https://wellspringvitality.com/privacy-policy/>).

We do not sell, trade, or otherwise transfer to outside parties your personally identifiable information such as SMS consent, phone number, or name.

☐ I agree to receive text messages from Wellspring Vitality.

☐ I do not agree to receive text messages from Wellspring Vitality.

Signature

☒ Draw ☐ Type

Please check that all required questions have been answered.

Submit Intake Form

(<https://jane.app>)

[Terms of Use \(https://jane.app/terms\)](https://jane.app/terms)

[Privacy Policy \(https://jane.app/privacy\)](https://jane.app/privacy)