CSU | REC

Be active. Be well.

Client Update

*Please make sure to print clearly

Name: _____ CSU/Membership #_____

☐ There have been no changes to my health since my initial session on _____.

☐ There have been changes in my health since my initial session on _____ , as follows _____

_____

_____

Please take a moment to carefully read the information you have provided and sign where indicated. If you have a specific medical condition or symptom, certain treatments may be contraindicated. A referal from your primary care provider may be required prior to service being provided.

Member Signature _____ Date: _____

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