

move. manipulative physiotherapy and pilates studio
the headache clinic

meditation enrolment form

Name _____ Occupation _____

Date of Birth _____ Email _____

Address _____ Postcode _____

Phone: Home _____ Work _____ Mobile _____

Course Start Date _____

How did you hear about us? (Please tick one)

- I am a current patient at move
- I am a current patient at the Headache Clinic
- Referral from Health Professional (Name) _____
- Yellow pages Book Yellow pages Online
- Personal Recommendation (Name) _____
- Other _____

method of payment

- cheque enclosed
- pay with credit card by phone: 8373 5655 between 9am - 4.30pm Monday - Thursday
- If you have private health cover (extras) most funds will give a rebate for physiotherapy group classes – you can check with your fund by quoting code T560. Please tick this box if you would like a receipt at the end of the course to submit to your health fund.

Please note:

we require full payment of \$100 to reserve your place in our 4 week course. Payment is non refundable.