



College of the Holy Cross

Registration Form

Name: _____ Dept: _____ Date: _____

Years on the job: _____ Job Task / Machinery: _____ Male or Female

Work Hours: _____ Available from _____ to _____

Preferred Location: Hogan, room 304 _____ Facilities, room 132 _____

Contact Information:

Email: _____

Cell number: _____ Is it ok to text? Yes No

Department Phone: _____

Best way to notify you of your appointments: (You will be notified by email unless specified)

Please Circle: EMAIL CELLPHONE DEPARTMENT PHONE

Please fax 508-347-7576 or email esi@biosynchronistics.com this form and someone will be in contact with you. You can also email us or call 508-344-5001 if you need to cancel or change an appointment.

BioSynchronistics / Early Symptom Intervention (ESI) Disclaimer:

I understand that BioSynchronistics /ESI is a wellness program developed by Quality Physical Therapy, Inc. and utilizes techniques for wellness called BioSynchronistics. ESI does not treat specific diagnoses nor does it take the place of medical treatment or intervention. BioSynchronistics is a whole-body approach to wellness in which posture is balanced around the center of gravity, which may alleviate some types of musculoskeletal complaints. ESI Wellness Program is NOT a reporting path for Work-Related Injury/Illness and it is not a substitute for medical care for workers compensation injuries or medical conditions. Employee First report of Injury/Illness needs to follow company procedures. It is recommended I see a physician for any physical ailment I may have. Clinicians are required to report any participant who states bodily harm on themselves or others by following individual company policies.

Employee Initials: _____