Client Intake Form – Therapeutic Massage Amesbarry Chiropractic

Today's Date		
Name	Date of Birth	
Cell number:	Other number	
Email	Occupation	
Emergency Contact Name	Phone_	
Name of person who referred you for	massage	
S	oe used to help your therapist plan a safe and effective the questions to the best of your knowledge.	
Which type massage do you want?	Focus on issuesRelaxation OnlyBoth	
What level of pressure you would prefer	r:LightMediumDeepI don't know	
Have you been involved in a car acciden	nt or Work Comp injury in the last 6 months? Yes No	
Have you had a professional massage be	efore? Yes No If yes, how often?	
Do you have any difficulty lying on you If yes, please explain	ur front, back, or side? Yes No	
Would you like essential oils used during	ng your massage? Yes No	
Do you have sensitive skin? Yes	No	
Do you perform any repetitive movements. If yes, please describe		
Please list specific areas of the body wh	ere you are experiencing tension, stiffness, pain or discomfort.	

Fill out other side

over

Medical History

	Do you currently or have you ever ha	ad any of the following: (plea	ise check)
deep vein thrombosis/blood clots	phlebitis	tennis elbow	swollen glands
joint disorder artificial joint headaches/migraines heart condition osteoporosis sprains/strains epilepsy decreased sensation high or low blood pressure eaneer open sores or wounds einculatory disorder Fibromyalgia varicose veins TMJ atheroselerosis easy bruising carpal tunnel syndrome easy bruising easy bruising easy bruising easy bruising enterprise easy bruising easy easy easy easy easy easy easy easy			
artificial joint headaches/migraines heart condition osteoporosis sprains/strains high or low blood pressure cancer open sores or wounds circulatory disorder Fibromyalgia varicose veins TMJ atherosclerosis carpal tunnel syndrome casy bruising contagious skin condition rheumatoid arthritis/osteoarthritis/tendonitis Are you pregnant? Yes No If yes, how many months? Are you currently under medical supervision? Yes No If yes, please explain Do you see a chiropractor? Yes No If yes, how often? Is there anything else about your health history that you think would be useful for your massage therapist to know to plan a safe and effective massage session for you? TREATMENT: I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical aliment that I am aware of I understand that massage therapists are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist spart should I fail to do so. Signature of client Date PAYMENTS, NO SHOW AND SHORT NOTICE CANCELATIONS: If I do not show up for my appointment or call 24 hours in advance to cancel; I understand I personally have to pay a fee of \$40 for 60	 •		
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cancer			high or low blood pressure
Fibromyalgia			_ 0
atherosclerosis agraph tunnel syndrome contagious skin condition Thumatoid arthritis/osteoarthritis/tendonitis Are you pregnant? Yes No If yes, how many months? Are you currently under medical supervision? Yes No If yes, please explain Do you see a chiropractor? Yes No If yes, how often? Is there anything else about your health history that you think would be useful for your massage therapist to know to plan a safe and effective massage session for you? TREATMENT: I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist of services. I understand all payments are due the d	back/neck problems	circulatory disorder	
carpal tunnel syndrome	Fibromyalgia	varicose veins	
	TMJ	atherosclerosis	
Are you pregnant?	carpal tunnel syndrome	easy bruising	
Are you currently under medical supervision? Yes No If yes, please explain	contagious skin condition	rheumatoid arthritis/osteo	arthritis/tendonitis
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