

Massage Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____
 Address _____ City/State/Zip _____ DOB _____
 Occupation _____ Employer _____
 Email _____ Primary Physician _____
 Emergency Contact _____ Relationship _____ Phone _____
 How did you hear about us? _____

Medical Information

Are you taking any medications? yes no
 If yes, please list name and use: _____

 Are you currently pregnant? yes no
 If yes, how far along? _____
 Any high risk factors? _____
 Do you suffer from chronic pain? yes no
 If yes, please explain _____
 What makes it better? _____

 What makes it worse? _____

Have you had any orthopedic injuries? yes no
 If yes, please list: _____

Please indicate any of the following that apply to you.

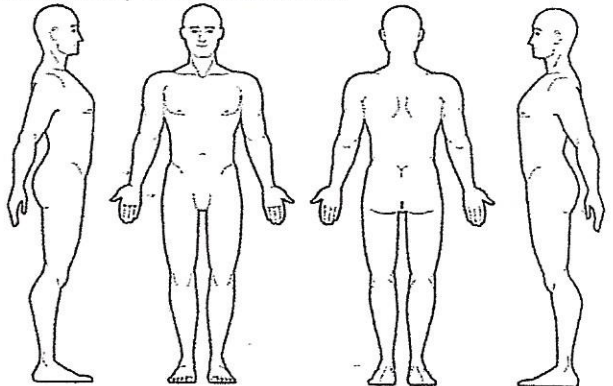
- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

Explain any conditions you have marked above:

Massage Information

Have you had a professional massage before? yes no
 What type of massage are you seeking?
 Relaxation Therapeutic/Deep Tissue
 Other _____
 What pressure do you prefer?
 Light Medium Deep
 Do you have any allergies or sensitivities? yes no
 Please explain _____
 Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no
 Please explain _____
 What are your goals for this treatment session?

Please circle any areas of discomfort



By signing below, you agree to the following.
 I have completed this form to the best of my ability and knowledge
 and agree to inform my therapist if any of the above information
 changes at any time.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

MESSAGE POLICIES AND PROCEDURES:

At Wilcox Chiropractic, we understand that unanticipated events occur in everyone's life. Unforeseen events such as car problems, traffic considerations, business meetings, and project deadlines, are just a few reasons why one might consider canceling a massage appointment. In our commitment to provide a unique and outstanding massage experience to all of our clients and out of consideration for our therapists' time, we have adopted the following policies:

ARRIVAL TO YOUR MASSAGE - Please arrive for your appointment 15 minutes prior to the scheduled starting time. This allows you the time to fill out the appropriate client form (new clients), change and prepare for the service. All massages have a specific time schedule and early arrival allows for a relaxed and unhurried experience. If late arrival is inevitable, your service(s) may be shortened in order to keep on schedule. The original treatment time will be charged. Our massage sessions are considered a therapeutic hour and are therefore approximately 55 minutes (25 for 30 minutes) in length to allow you time to disrobe and prepare for your massage.

CANCELLATION POLICY - Please provide at least 24 hours notice if you need to reschedule or cancel a treatment. This gives the front desk enough time to fill the slot. If a client fails to cancel within 24 hours multiple times (2 or more, they will be asked to pre-pay for future services.

LATE ARRIVAL POLICY - We regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when our schedule will allow, we may be able to accommodate a partial or full appointment. This will be at our discretion and only with proper, advanced notification of your late arrival. The original reservation fee will be charged.

NO SHOW POLICY - Clients who fail to show for appointments will have a **\$20 fee** applied to their account and will be due at their next visit. It is important that our massage therapists are compensated for reserved time slots.

INFORMED CONSENT - At your first visit with us you will receive a copy of the massage therapy policies and will be asked to sign the consent stating that you have read the information, understand it, and agree to comply with the professional massage therapy policies and procedures. Clients who we have not seen for at least a year will also be asked to fill out this form.

SCOPE OF PRACTICE

- Wilcox Chiropractic Massage therapists are licensed professionals and held to the highest standards of the American Medical Massage Therapy Association.
- Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client.
- Massage Therapists do not diagnose or prescribe for medical conditions nor are they providing treatment for a specific condition without a doctor's supervision. The massage therapist is required to refer you for diagnosis and to follow recommendations of your physician.

RESPECT FOR CLIENT NEEDS AND BOUNDARIES

- Wilcox Chiropractic Therapists are happy to adjust pressure, temperature, musical volume, work longer on an area or move on if you request it. The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time and is free to leave; the therapy door is never locked.
- The client will always be modestly draped. Only the area being massaged will be undraped. The clients will be kept informed of the area to be massaged. Occasionally, an emotional response to massage occurs. If this happens, it is ok to express the feelings in our safe, nonjudgmental environment.

CONFIDENTIALITY AND CONVERSATION

The discussion between the massage therapist and the client is confidential. The client may or may not choose to talk during the massage. Any health information disclosed, observed or treated will be kept confidential under HIPAA law. Please keep in mind that although we do our best to minimize the conversation that can be heard outside the room, the walls are thin and conversation may be able to be heard from outside the room.

EXISTING AND NEW MEDICAL CONDITIONS

- It is the responsibility of the client to keep the massage therapist informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that the massage may be continued.

- The client must also keep the massage therapist informed of any changes in health conditions.

I AGREE THAT I HAVE READ THE ABOVE POLICIES AND PROCEDURES:

SIGNATURE: _____ DATE: _____