

Massage Client Intake form

Northside Chiropractic – 2301 36th St, Boise, ID 83703

Contact Info

Name: _____ DOB: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Medical Info/History

 (Answer honestly and to the best of your ability. Use the back, if necessary, for further explanation)

Sex: _____ Height: _____ Weight: _____ Age: _____ Daily water intake: _____

Occupation: _____ When was your last massage?/frequency: _____

Exercise Frequency: _____ Type(s): _____

Current Medications: _____

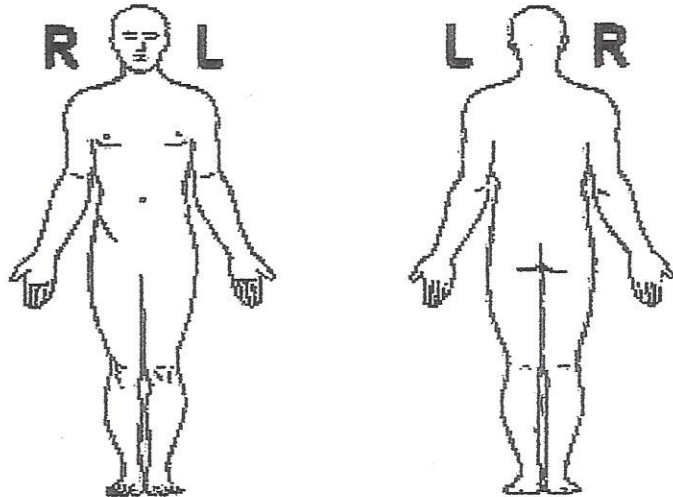
Surgeries: _____

Major complaints/goals/expectations/areas of focus: _____

Check All That Apply:

- | | |
|---|---|
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Moles/Warts |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Numbness/Tingling |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Bruises/Burns/Cuts | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Rash/Skin Irritation |
| <input type="checkbox"/> Cold/Flu | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> HBP/LBP | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Under 18 |

Mark Areas of Discomfort/Focus:



Any other important info (Allergies, conditions, illnesses, injuries, etc): _____

Preferred type of touch: Light/Meditative Moderate/Relaxing Deep/Rehabilitating

Cancellation Policy: I agree to provide at least 24 hour notice for canceling or rescheduling of appointments. I understand that failing to do so may result in a \$25 cancellation fee. Continued missed appointments may be subject to the full charge of the missed appointments (or losing the prepaid appointments, if a massage package was purchased). I further understand that I can opt for email/text reminders of my appointments, but it is my responsibility to remember my appointment date and time.

Consent for Massage: I will communicate with the practitioner if any adjustments need to be made during the massage, for my level of comfort. I understand that I am working with a licensed professional, and any inappropriate conduct will not be tolerated. I understand that massage/bodywork is not a substitute for medical examination, diagnosis, or treatment, and that I should see a qualified medical specialist for any ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal/skeletal adjustments, diagnose, prescribe, or treat any illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. Understanding all of this, I give my consent to receive care.

Signature: _____ Date: _____