

# Massage Client Intake form

Northside Chiropractic – 2301 36<sup>th</sup> 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: \_\_\_\_\_

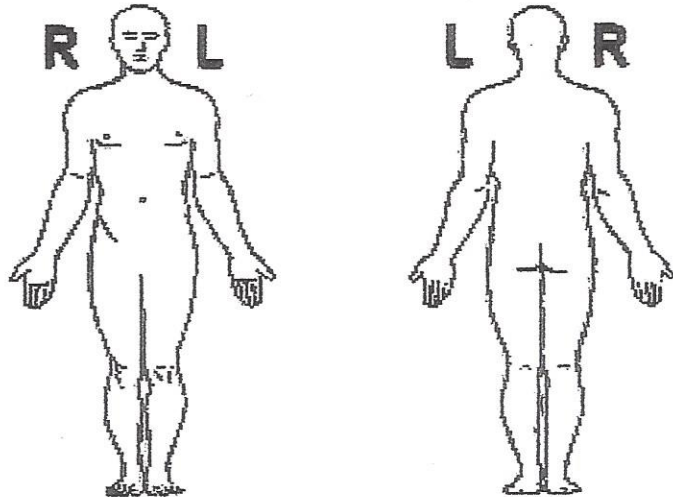
Surgeries: \_\_\_\_\_

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: \_\_\_\_\_