

client intake form

personal information

name _____ date of birth _____

address _____

city _____ state _____ zip _____

home phone _____ cell phone _____

work phone _____ ext. _____

email _____

occupation _____

referred by/how did you hear about us? _____

emergency contact name _____ emergency contact phone _____

massage experience

Have you had a professional massage before? Yes No

If yes, what types have you had (swedish, deep, shiatsu, etc)? _____

How long have you been receiving massage therapy? _____

Frequency of massages? _____

What are your goals for treatment? _____

current health

Reason for initial visit _____

Do you exercise regularly or participate in any sports? Y N

If yes, what kind of exercise/sports? _____

Do you sit for long hours at a workstation, computer or driving? Y N

If yes, describe _____

Do you experience stress in your work, family, or other aspect of your life? Y N

If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain? Y N

If yes, describe _____

Have you recently had an injury, surgery, or areas of inflammation? Y N

If yes, describe _____

Do you have any allergies to oils, lotions or ointments? Y N

If yes, please explain _____

List any medications you are currently taking _____

health history (Please indicate conditions you currently have or have had in the past 6 months)

Musculoskeletal

___ Bone or joint disease

___ Tendonitis/Bursitis

___ Arthritis/Gout

___ Jaw Pain (TMJ)

___ Lupus

___ Spinal Problems

___ Migraines/Headaches

___ Osteoporosis

Circulatory

___ Heart Condition

___ Phlebitis/Varicose Veins

___ Blood Clots

___ High/Low Blood Pressure

___ Lymphedema

___ Thrombosis/Embolism

___ Defibrillator

Respiratory

___ Breathing Difficulty/Asthma

___ Emphysema

___ Allergies, specify: _____

___ Sinus Problems

Digestive

___ Irritable Bowel Syndrome

___ Bladder/Kidney Ailment

___ Colitis

___ Crohn's Disease

___ Ulcers

Reproductive

___ Pregnant, week _____

___ Ovarian/Menstrual Problems

Skin

___ Allergies, specify: _____

___ Rashes

___ Cosmetic Surgery

___ Athlete's Foot

___ Herpes/Cold Sores

Nervous System

___ Shingles

___ Numbness/Tingling

___ Pinched Nerve

___ Chronic Pain

___ Paralysis

___ Multiple Sclerosis

___ Parkinson's Disease

Psychological

___ Anxiety/Stress Syndrome

___ Depression

Other

___ Cancer/Tumors

___ Diabetes

___ Drug/Alcohol/Tobacco Use

___ Contact Lenses

___ Hearing Aids

Any other medical condition(s) not listed: _____

client agreement & health release form

client agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. If there are any health issues present prior to my scheduled massage that may make receiving massage a bad idea (including fever/cold/flu/sickness), I agree to cancel my appointment 24 hours in advance to prevent worsening my condition or risking the health of my massage therapist. _____

initials

code of conduct

I understand that the massage therapy provided is intended solely for therapeutic purposes, and I agree to exhibit behavior that reflects that intent. A massage therapist may end my session at any point if my behavior becomes lewd or disrespectful. This may include, but is not limited to: inappropriate comments, sexually explicit sounds or actions, or attempts at touching or kissing. I understand that by violating this agreement, not only will my session come to an end but I will be responsible for the full cost of the session and will be prohibited from receiving future massage therapy at this office. _____

initials

payment policies

I recognize that in order to reserve my appointment, a credit card number will need to be kept on file. Furthermore, 24-hour advance notice is required when cancelling or rescheduling a massage appointment. This allows the opportunity for someone else to schedule an appointment. If I neglect to cancel within 24 hours and/or do not show up for my appointment, my credit card will automatically be charged an amount equal to 50% of the value of the service(s), which must be paid prior to my next appointment. Furthermore, if I arrive late, I understand my session may be shortened in order to accommodate others whose appointments follow mine. Depending upon how late I arrive, my therapist will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, I accept responsibility for payment of the full session. _____

initials

informed consent

I understand and acknowledge the policies as explained above, and hereby give my consent for massage treatment at Broad Family Chiropractic and Still Point Massage.

signature

date

signature of parent or legal guardian (if client is a minor)