

PATIENT INFORMATION (Please Print in Ink)

If you have any questions or concerns do not hesitate to ask/call for assistance, we will be happy to help you.

Name _____ Date of Birth ___/___/___ Age _____ Female Male
 Address _____ Unit _____ City _____ State _____ Zip _____
 Best Phone # _____ Email (for appt. reminders) _____
 Occupation _____ Date Symptoms Began _____
 Emergency Contact _____ Emergency Contact Phone # _____
 How did you find us? Google Yelp Walk-In Square Insurance List Referred By: _____

MASSAGE THERAPY

I hereby request and consent to the performance of massage therapy practices and techniques. I understand that providing incorrect or incomplete information on intake forms can be dangerous to my health. I understand and am informed that massage is provided for stress reduction, relaxation, muscular tension relief, and improvement of circulation. If I experience pain or discomfort, I know I have the responsibility to let my therapist know. I understand that today's services are not a substitute for medical care and my therapist is not qualified to diagnose or prescribe in regard to my condition. I understand the physical and emotional boundaries that are set in place by my therapist and will not cross them as to honor the ethics and discretion of the session. I waive and release my therapist any liability, past, present, and future, relating to massage therapy and bodywork.

FINANCIAL RESPONSIBILITY

Payment for services is due at the time services are rendered unless other arrangements have been approved by our staff. I fully understand that I am ultimately responsible for the balance of my account for any services rendered. I understand that massage therapy is not covered by insurance unless rendered medically necessary by a doctor and I will not attempt to use my insurance.

CANCELLATION/LATE APPOINTMENT COMMITMENT

We are dedicated providers that take our commitment to deliver needed healthcare services to our patients in a time-sensitive manner earnestly. As a result, it is essential that appointment times are taken seriously by all patients. We ask for at least 24 hours' notice for changing existing appointments and reserve the right to cancel your appointment if you are running late and our schedule cannot accommodate the change. A \$90 fee will be applied to your credit card on file if we are unable to book your late-cancel appointment with another patient. Additional fees may apply to other missed services booked with your massage visit.

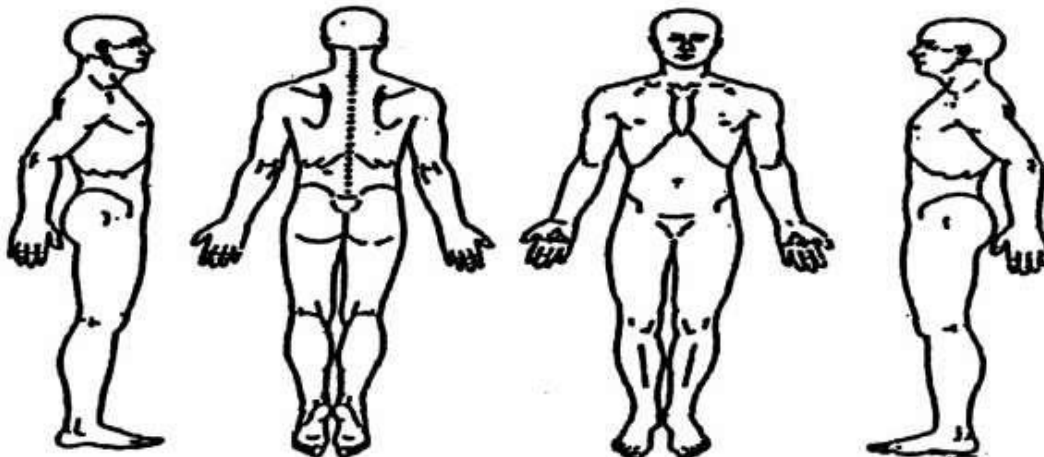
Please note that after 2 last minute cancelled appointments, you will be asked to schedule appointments outside of our high demand periods until your appointment status is back in good standing. It is not our goal to charge additional fees, but we do feel it is our responsibility to show respect to our patient's time and schedules, including yours. We take pride in making our patients feel well cared for and valued!

X _____
 Signature of Patient (or parent if a minor)

_____/_____/_____
 Date

Please answer questions to the best of your ability, let me know if you have any questions!

1. Indicate on the drawings below where you have pain/symptoms:



2. How often do you experience this pain/symptoms?

- Constantly (76-100% of the time)
- Frequently (51-75% of the time)
- Occasionally (26-50% of the time)
- Intermittently (1-25% of the time)

3. How would you describe the type of pain?

- Sharp
- Dull
- Diffuse
- Achy
- Burning
- Shooting
- Stiff
- Numb
- Tingly
- Sharp with motion
- Shooting with motion
- Stabbing with motion
- Electric like with motion
- Other: _____

4. How are your symptoms changing with time?

- Getting Worse
- Staying the Same
- Getting Better

5. Using a scale from 0-10 (10 being the worst), how would you rate your problem?

(Please circle) 0 1 2 3 4 5 6 7 8 9 10

6. How do you think your problem began?

7. What makes your problem worse? Position? Activity? Morning vs. Evening?

8. What makes your problem better? Position? Activity? Morning vs. Evening?

9. What concerns you the most about your problem; what does it prevent you from doing?

10. Personal Health History:

Please list any diagnosed medical conditions and indicate if they are past/present (cardiovascular, neurological, musculoskeletal, reproductive, etc):

11. List all medications and/or supplements you are currently taking:

12. List any major surgical procedures you have had:

13. What activities do you do at work?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Sit: | <input type="checkbox"/> Most of the day | <input type="checkbox"/> Half the day | <input type="checkbox"/> A little of the day |
| <input type="checkbox"/> Stand: | <input type="checkbox"/> Most of the day | <input type="checkbox"/> Half the day | <input type="checkbox"/> A little of the day |
| <input type="checkbox"/> Computer work: | <input type="checkbox"/> Most of the day | <input type="checkbox"/> Half the day | <input type="checkbox"/> A little of the day |
| <input type="checkbox"/> On the phone: | <input type="checkbox"/> Most of the day | <input type="checkbox"/> Half of the day | <input type="checkbox"/> A little of the day |

14. What activities do you do outside of work?

15. Have you ever been hospitalized? No Yes

if yes, why _____

16. Have you ever had a serious trauma (emotional/physical) I should know about** No Yes

(if applicable) Date & Describe _____

17. Anything else pertinent to your visit today? _____

18. What are you hoping to receive out your session today? (check all that apply)

- Therapeutic work (deep tissue, trigger point)
- Relaxation
- Stress Relief
- Prenatal Massage
- Other: _____

X _____
Signature of Patient (or parent if a minor)

____ / ____ / ____
Date

**please note that your massage therapist is not a qualified mental health professional and will not be diagnosing or treating any mental health conditions. Emotional trauma can be stored in the body, and this helps your massage therapist better understand responses to pressure, avoiding specific areas, emotional releases, and any other reactions that may occur. You are not required or pressured to share, explain, or describe any emotional trauma but you are encouraged and supported to do so if you think it will be valid or helpful in your session.