

Health Information Form for Massage Therapy

In order to provide you the best possible chiropractic wellness care, please complete this form and bring it to your first appointment. All information is strictly CONFIDENTIAL.

Section 1: Personal Information

Name: _____	Referred By: _____
Address: _____	Daytime Ph: _____
_____	Evening Ph: _____
Date of Birth: _____	Occupation: _____
Primary Health Care Provider: _____	Ph: _____
Emergency Contact: _____	Ph: _____

Section 2: History / Treatment Information

Please check the appropriate box and provide any necessary clarifications.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received a professional massage? If yes, write frequency and type of massage:
<input type="checkbox"/>	<input type="checkbox"/>	Do you exercise regularly or participate in any sports? If yes, what kind and how often:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under the care of a physician or other health care provider for a specific condition? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you take any medication (including pain relievers)? If yes, please list medication, dosage and condition:
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any surgeries? If yes, please list date and type:
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any major accidents? If yes, please list date and type:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other medical condition that I should be aware of before you receive massage? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any needs that require special attention? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Do you wear contact lenses? Are they hard or soft lenses?
<input type="checkbox"/>	<input type="checkbox"/>	Do you wear dentures?
<input type="checkbox"/>	<input type="checkbox"/>	Do you wear hearing aids?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want specific results from your massage? If yes, please describe:

I understand that massage practitioners do not diagnose illness, disease, or other physical or mental disorders. Massage practitioners do not prescribe medical treatment or pharmaceuticals. It has been made clear to me that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. I have stated all my known medical conditions and take it upon myself to keep the massage practitioner updated on my physical health.

I understand that any inappropriate actions or comments will result in the immediate end of the massage appointment; I will be charged double the rate of the massage & I will not be allowed to receive massage in this office again.

If you are unable to keep your massage therapy appointment at the scheduled time, *please contact us 24 hours prior to your appointment to reschedule and avoid a \$25 missed appointment fee.* If you are late for your massage appointment, in order to remain on schedule out of courtesy to other patients and the massage therapist, your massage appointment will be shortened by the amount of time you are late.

It is my choice to receive manual therapy and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health.

Signature: _____

Date: _____