Wilson Chiropractic Massage Intake

Date:_____

Name:_____Sex: __ Male __ Female

Adress:_____

City:_____ State:_____ Zip:_____

Daytime Phone #:_____ Evening Phone #:_____

Cell Phone #:_____ Email Address:_____

Date of Birth:_____ Occupation:_____

Employer:_____

Marital Status: __ Single __ Married

Name of Spouse/Significant Other:_____

Preferred Appointment Day and Time:_____

Primary Health Care Provider:_____

Permission to Consult with Primary Provider? __No __ Yes _____ (Please initial if yes)

In Case of Emergency, Please Notify:

Name:_____ Phone #:_____

Relationship:_____

Referred by: _____

Massage Therapy Informed Consent

I, _____, (client) understand that massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. i have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Client Signature_____ Date_____

Policies:

Cancellations:

Your business is valued and your cooperation is appreciated. We are making a commitment to you to guarantee your appointment time and refusing all other requests once you have made the appointment. A 24-hour cancellation notice is required for any scheduled appointment including gift certificate sessions. Missed or no show appointments will result in your being charged the full amount of the session booked unless the appointment can be filled. Depending on our booking schedule, late appointments may not receive the full session time allotted for the treatment service booked: Full payment is required. Emergency cancellations are determined by the Massage Therapist discretion.

Client Signature_____ Date _____

Check the following conditions that apply to you, past and present. Please add your comments to clarify the condition.

Musculo-Skeletal
__ Headaches
__ Joint stiffness/swelling
__ Spasms/cramps
__ Broken/fractured bones
__ Strains/sprains
__ Back, hip pain
__ Shoulder, neck, arm, hand pain
__ Leg, foot pain
__ Chest, ribs, abdominal pain
__ Problems walking
__ Jaw pain/TMJ
__ Tendinitis
__ Bursitis
__ Arthritis
__ Osteoporosis
__ Scoliosis
__ Bone or joint disease
__ Other: _____

Digestive
__ Nervous stomach
__ Indigestion
__ Constipation
__ Intestinal gas/bloating
__ Diarrhea
__ Diverticulitis
__ Irritable bowel syndrome
__ Crohns Disease
__ Colitis
__ Adaptive aids
__ Other:_____

Reproductive System
__ Pregnancy
__ Current
__ Previous
__ PMS
__ Menopause
__ Pelvic Inflammatory Disease
__ Endometriosis
__ Hysterectomy
__ Fertility concerns
__ Prostate problems

Circulatory and Respiratory
__ Dizziness
__ Shortness of breath
__ Fainting
__ Cold feet or hands
__ Cold Sweats
__ Swollen ankles
__ Pressure sores
__ Varicose veins
__ Blood clots
__ Stroke
__ Heart condition
__ Allergies
__ Sinus Problems
__ Asthma
__ High Blood Pressure
__ Low Blood Pressure
__ Lymphedema
__ Other: _____

Nervous System
__ Numbness/Tingling
__ Twitching of face
__ Chronic pain
__ Sleep disorders
__ Ulcers
__ Paralysis
__ Herpes/shingles
__ Cerebral Palsy
__ Epilepsy
__ Chronic Fatigue Syndrome
__ Multiple Sclerosis
__ Muscular Dystrophy
__ Parkinson's disease
__ Spinal Cord Injury
__ Other:_____

Skin
__ Rashes
__ Allergies
__ Athlete's Foot
__ Warts
__ Moles
__ Acne
__ Cosmetic Surgery
__ Other: _____

Other
__ Loss of appetite
__ Forgetfulness
__ Confusion
__ Depression
__ Difficulty concentrating
__ Drug Use _____
__ Alcohol Use _____
__ Nicotine use _____
__ Caffeine use _____
__ Hearing impaired
__ Visually impaired
__ Burns urinating
__ Bladder infection
__ Eating disorder
__ Diabetes
__ Fibromyalgia
__ Post/Polio Syndrome
__ Cancer
__ Infectious Disease
Please list: _____
__ Other congenital or acquired disabilities
Please list: _____

Have you had any surgeries? __ No __ Yes (if yes, please list them) _____
_____
Do you currently smoke? __ No __ Yes (if yes, about how many per day) _____
Do you have any allergies to medications? __ No __ Yes (if yes, please list them) _____
_____
Are you currently taking any medications? __ No __ Yes (If yes, please list the type and quantity or dosage per day) _____
_____

Vitals

Height _____ Weight _____ BP-P _____

Massage Policies

All session times include 5 minutes for initial consultation and undressing and conclude with 5 minutes for redressing and recommendations. For example, a 60 minute custom massage session will consist of 5 minutes for initial consultation and undressing, 50 minutes of a hands-on custom massage, and 5 minutes for redressing and recommendations.

Please arrive for your appointment 15 minutes prior to the scheduled starting time. This allows you the time to fill out the appropriate client forms for first time clients. All massages have a specific time schedule and early arrival allows for a relaxed and unhurried experience.

If late arrival is inevitable, you service may be shortened in order to keep on schedule. The original treatment time will be charged.

Please provide at least 24 hours notice if you need to reschedule or cancel a treatment. This gives the office enough time to fill the slot. If a client fails to cancel within 24 hours a 50% charge of the full price of the service will be applied to your account. These charges must be paid before any other services are given. If a client fails to cancel within 24 hours multiple times (2 or more), they will be asked to pre-pay for future services.

We regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when our schedule will allow, we may be able to accommodate a partial or full appointment. This will be at our discretion and only with proper, advanced notification of your late arrival. The original reservation fee will be charged.

Clients who fail to show for appointments will be charged a $25.00 no show fee and may be asked to pre-pay for future services. It is important that our massage therapists are compensated for reserved time slots.
---------Client Initials

Massage sessions are strictly professional. Any suggestive sexual statements or actions will result in immediate termination of the session wherein the client pays the full cost of the session. Law enforcement will be notified if deemed appropriate.

To ensure safe, customized sessions, the client must fill out a SOAP form before treatment. Please relay all health information to the therapist to ensure the treatment can be modified if necessary. All client records and sessions will be kept confidential and will not be shared with anyone without the client's written consent.

Massage is not a substitute for medical treatment. Massage therapists are not qualified to diagnose conditions, prescribe treatment or perform spinal/skeletal manipulations. Any information imparted by the therapist in the course of treatment should not be construed as such.

Please acknowledge that you have read these policies by signing below. Ask for copy if you need one.

Printed Name _____
Signature _____ Date _____