

Healing Lakes Chiropractic Massage Client Intake Form

Name _____

Phone Number _____

Address _____

City _____

State _____

Zip Code _____

Emergency Contact _____

Phone Number _____

Date of initial visit _____

Please carefully read the following information and sign where indicated. Massage/bodywork may be harmful to you if you have a specific illness. A referral from your Physician may be required prior to service being provided.

1. Have you had a massage before? If so, what kind? _____

2. What are your goals for today's massage therapy session? _____

3. What physical activities do you do during the week and are there any specific areas that I need to focus on? _____

4. Do you have any prior injuries that I need to know about? _____

5. Do you have any allergies or hypersensitivities? _____

6. List any major accidents and surgeries:

HEAD NECK

Headaches/migraines

Hearing loss

Vertigo/dizziness

Vision problems

Ringing in ears

Vision loss

RESPIRATORY

- Asthma
- Shortness of breath
- Chronic cough
- Bronchitis
- Emphysema
- Sinusitis
- Frequent colds
- Smoker
- Frequent history of respiratory difficulties

NERVOUS SYSTEM

- Sensory loss/change
- Numbness/tingling
- Sciatica
- Epilepsy
- Seizures
- Multiple sclerosis

MUSCULOSKELETAL SYSTEM

- Arthritis
- Family history of arthritis
- Osteoporosis
- Tendonitis
- Bursitis
- Jaw pain (TMJ)
- Pins/plates/wires/artificial joints

REPRODUCTIVE

- Pregnant (Due _____)
- Given birth
- Gynecological problems

CARDIOVASCULAR

- High blood pressure
- Low blood pressure
- Heart attack
- Stroke
- Heart disease
- Poor circulation
- Phlebitis/varicose veins
- Pacemaker
- Hemophilia
- Chronic congestive heart failure
- Family history of cardiovascular problems

OTHER CONDITIONS

- Cancer Diabetes
 - Unexplained weight loss
 - Fibromyalgia
 - Chronic fatigue syndrome
 - Depression Digestive conditions
 - Anxiety Psychiatric disorder
 - Other _____
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PLEASE READ CAREFULLY

I understand that massage/bodywork is for relaxation and muscle tension relief. If I experience any pain or discomfort during this or any session, I will immediately inform the practitioner so the strokes or pressure can be adjusted. I further understand that massage or bodywork should not be construed as a substitute from medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/body work should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all the 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. ***I also understand that sexual harassment will end in termination of my massage.***

Signature _____ Date _____

Practitioner signature _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent/Guardian _____ Date _____

Cancelation and No Show Policy

A **\$50 fee** will be charged to your account for any visits that were not canceled **prior to 12 hours** before your appointment.

Please **initial** that you have read and understand this policy _____