

Healing Hands Chiropractic Massage Health Information

Client name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Date of Birth: _____ Sex: M F

Email: _____

Referred by: _____

Massage Information

Have you ever received professional massage/ bodywork before? Yes ___ No ___

How recently? _____

What kind of pressure do you prefer? Light Medium Deep/Firm

Are you okay with talking during your massage session? _____

Are you pregnant? Y/N If so, how many weeks? _____ If so, proceed to back page.

Have you had any injuries or surgeries in the past that may influence today's treatment?

Please indicate conditions that you have or have had in the past. Select all that apply and explain in detail, including treatment received:

Swelling; bruise easily; high/low blood pressure; stroke, heart attack; varicose veins; shortness of breath, asthma; cancer; neurological; epilepsy. seizures; headaches, migraines; dizziness; ringing in the ear; digestive conditions; kidney diseases; infection; arthritis; osteoporosis; degenerative spine; allergies; diabetes; endocrine/thyroid conditions.

POLICY: If you need to cancel your appointment, we do ask for a 24 hour notice otherwise there will be a \$45 charge, for any no show. Initial: _____ Staff Initial: _____

Consent for treatment If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or stroke is adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or any 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 taken as such, because massage/bodywork should not be performed under certain medical conditions. I affirm that I have stated all known medical conditions and answered all 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 any illicit or sexually suggestive remarks or advance made by me will result in immediate termination of the session, and I will be liable for payment of scheduled appointment. Understanding of all of this, I give consent to receive care.

Client Signature: _____ Date: _____