

# Trident Chiropractic

## Therapeutic Massage Intake

### Please Print

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone # \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt or Unit \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
In Case of Emergency: \_\_\_\_\_ Phone # \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated.

Have you ever experienced a professional massage or bodywork session?  
\_\_\_\_ Yes \_\_\_\_ No If so, how recently? \_\_\_\_\_

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Please check any condition listed below that applies to you:

- |   |  |
|---|--|
| <input type="checkbox"/> contagious skin condition        | <input type="checkbox"/> phlebitis   |
| <input type="checkbox"/> deep vein thrombosis/blood clots | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> osteoporosis                     | <input type="checkbox"/> epilepsy  |
| <input type="checkbox"/> headaches/migraines              | <input type="checkbox"/> cancer  |
| <input type="checkbox"/> diabetes                         | <input type="checkbox"/> decreased sensation/numbness                                  |
| <input type="checkbox"/> back/neck problems               | <input type="checkbox"/> Fibromyalgia  |
| <input type="checkbox"/> TMJ disorder                     | <input type="checkbox"/> carpal tunnel syndrome  |
| <input type="checkbox"/> tennis elbow/golfer's elbow      | <input type="checkbox"/> pregnancy If yes, how many months _____                       |
| <input type="checkbox"/> open sores or wounds             | <input type="checkbox"/> easy bruising   |
| <input type="checkbox"/> recent accident or injury        | <input type="checkbox"/> recent fracture   |
| <input type="checkbox"/> recent surgery                   | <input type="checkbox"/> artificial joint  |
| <input type="checkbox"/> sprains/strains                  | <input type="checkbox"/> current fever   |
| <input type="checkbox"/> swollen glands                   | <input type="checkbox"/> allergies/sensitivity   |
| <input type="checkbox"/> heart condition                  | <input type="checkbox"/> high or low blood pressure                                    |
| <input type="checkbox"/> circulatory disorder             | <input type="checkbox"/> varicose veins  |
| <input type="checkbox"/> atherosclerosis                  | <input type="checkbox"/> COPD/emphysema  |

Please explain any condition that you marked above or any other health condition you have that is not listed:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? \_\_\_\_\_  
\_\_\_\_\_

Draping will be used during the session – only the area being worked on will be uncovered.

Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session.

Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

# Trident Chiropractic Massage Office Policy

Massage therapy services are available by appointment and are scheduled with payment in advance or with a credit card on file. Please call to reschedule or cancel an appointment 24 hours in advance of your appointment time to avoid payment for the appointment.

Appointments that are missed or that are not canceled 24 hours prior to the appointment are non-refundable and will be charged according to the fee schedule listed below.

Pricing as follows:

Patients of Dr. Bishop

\$26.50 – 30 minute session

\$53.00 – 60 minute session

\$79.50 – 90 minute session

Massage Clients only

\$53.00 – 60 minute session

\$89.50 – 90 minute session

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for 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, diagnosis, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Massage/bodywork should not be performed under certain medical conditions, and I affirm that I have stated all my 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 there shall be no liability on the practitioners part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I have read and agree to follow the above office policy for therapy services.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_