Practitioner/Clinic Name:

Contact Information

Screening Questionnaire

Client Information

Client Name: Date:

Preferred phone number: Best time to call:

Email address: Preferred form of communication:

Massage Information

How did you hear about me? (referral, Facebook, etc.)

Is this a gift certificate? Yes ❒ No ❒

Massage history:

Have you had a massage/bodywork before? Yes ❒ No ❒

Frequency:

Types of massage/bodywork received:

Preferred types of massage:

Reasons for seeking massage? (relaxation, injury, etc.)

Description of injury/health condition:

Possible complications/medications:

Expected outcomes (functional improvement, symptom relief, wellness):

Typical activities of daily living (affected by condition?):

Occupation (affected by condition?):

Are you seeking insurance reimbursement? Yes ❒ No ❒

Car collision/personal injury?

On-the-job injury?

Private health insurance?

Do you have a physician referral with diagnosis codes?

Let clients know if you provide billing services, and if so, for what types of claims, or if you will simply provide receipts and/or copies of records for them to submit for reimbursement. Let clients know a physician referral demonstrating medical necessity is required for insurance reimbursement/health savings account reimbursement regardless of who submits bills.

Best times for massage:

Practitioner/Clinic Name:

Contact Information

Screening Questionnaire

Communication Checklist

- ☐ Fees/forms of payment
- ☐ Cancellation/No-show policy
- ☐ Late arrival policy
- ☐ Confidentiality
- ☐ Parking/directions
- ☐ Work setting
- ☐ Clothing/shiatsu
- ☐ Modesty/Nonsexual/draping
- ☐ Food/drugs/alcohol
- ☐ Oils/lotions/allergies

Do you have special needs I should prepare for:

Do you have any questions or concerns:

If out-call, ask for directions, parking, or special instructions:

Packet Checklist

- ☐ Health Information
- ☐ Health Status Report
- ☐ Billing Information
- ☐ Directions/map

Date sent

Additional Notes