Natural Health Family Chiropractic Massage Information

First Name:_____ Last Name:_____ Date of Birth:_____

Phone:_____ Email: _____ Preferred Method of contact: cell or email

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

Emergency Contact Name:_____ Phone Number:_____

Occupation:_____ How did you hear about us: _____

Medical History: Please circle any of the following medical conditions/symptoms that you have had in the last year. All information will be kept confidential.

Heart Disease	Jaw Pain	Osteoporosis	Low blood pressure medicine
Epilepsy/seizures	Arthritis/Gout	Back pain	High cholesterol medicine
Lupus	Tense Muscles	Blood clots Fibromyalgia Cancer	Headaches
Stress	Diabetes	Chronic fatigue	Pregnant
Spinal Problems	Bone/Joint Disease	Cardiac/circulatory issues	
Tendonitis/Bursitis	Varicose veins	High blood pressure medicine	

Sensitive to touch/pressure in any area:_____ Numbness/stabbing pains:_____

Tension/soreness in a certain area:_____ Recent injury/surgery/accidents:_____

Medical conditions or medications I should know about:_____ Additional conditions:_____

Allergies:_____ I bruise easily: yes no Areas to avoid:_____

I do NOT give consent to massage the following areas: Pectorals Glutes Feet Arms Head Neck Face Back n/a

My massage/bodywork goals:_____ Massage pressure (1 extremely light to 10 very deep) 1 2 3 4 5 6 7 8 9 10

I agree to give at least 4 hour notice for all cancellations, and am aware that I may be charged for missed appointments where advances notice is not given. _____ (Initial) I agree I understand that if I am uncomfortable for any reason, I may ask the massage therapist to stop the massage and end the session._____ (Initial)

I know and understand the following: 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 this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that failure to do so may lead to delayed soreness and bruising. Massages take place in a therapeutic hour which is 5-10 minutes less than a full hour. I further understand that massage or bodywork should not be constructed 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, 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/bodywork should not be performed under certain medical conditions, 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 that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexual 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 understand the practitioner may choose to employ but not be limited to the following techniques during the massage: Swedish, deep tissue, trigger point, PNF, AIS, stretching and myofascial work.

Client Signature:_____ Date:_____

Practitioner Signature:_____Date:_____