Shell Chiropractic, Inc

3400 E Sky Harbor Blvd, Terminal 4, Level 3 Phoenix, AZ 85034

Patient Information Form

Name:_______________________________ Age:________________

Phone #:___________________________________ DOB:____________________

Primary Care Physician:________________________ Occupation:__________

Primary Reason for Appt:____

Medications:____

Have you had a professional massage before?	YES	NO
Have you suffered an acute injury recently?	YES	NO
If yes, please explain:________________________________		
Have you had surgery in the last 10 years?	YES	NO
If yes, please explain:________________________________		
Do you wear contact lenses or dentures?	YES	NO
Do you have skin problems or allergies?	YES	NO
Do you have varicose veins or blood clots?	YES	NO
Do you have heart problems?	YES	NO
Do you have High/Low blood pressure?	YES	NO
If yes, please circle which.		
Do you have spinal problems?	YES	NO
Do you have arthritis?	YES	NO
If yes, where?____________________________________		
Are you pregnant?		
Do you have any other medical conditions?	YES	NO

If yes, please explain:____

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I, _________________________, understand that massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor does she/he perform spinal manipulations.

It has been made very clear to me that massage therapy is not a substitute for medical examinations and/or diagnosis, and that I should see my physician for any ailment that I might have.

A massage therapist must be aware of any existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Signature:________________________________ **Date:**__________