



## Massage Intake

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Consent to email appointment reminders & office updates :  Yes  No

Your Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:

- Married Spouse's Name: \_\_\_\_\_
- Single
- Divorced
- Widowed

How did you hear about us?

- Friend who is a patient \_\_\_\_\_
- Internet Search  Event
- Facebook  Instagram
- Drive By
- Other: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

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 of any client under the age of 17.

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

I, \_\_\_\_\_ (print name) understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of. I understand that massage therapists 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 should 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

**Financial Policy:** Payment is due at the time of services are rendered. We accept cash, check, and all major credit cards.

24 hour advance notice is required when canceling a massage appointment. This allows the opportunity for someone else to schedule an appointment. We have great clients and we understand life does not always allow for a full 24 hr notice. It is the full discretion of the Massage Therapist to waive/discount a cancellation fee but the official policy of Georgia Chiropractic and Massage is as follows; Over 24 hrs notice - No fees imposed

Less than 24 hrs notice - \$20 per 30 minutes session scheduled. (ex. 90 min session scheduled would be assessed a \$60 late cancellation fee) This fee will be required to be paid before booking the next appointment.

Skipped Appointments/No Shows - Same fee as the "Less than 24hrs notice" PLUS two 'NO Show'

appointments in 12 consecutive months will require a NON-REFUNDABLE pre-payment in order to schedule any future massage appointments.

Late Arrival - Should you arrive late to your appointment full payment for the scheduled massage is required and your session time will end on the previously scheduled time.

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please flip over to complete medical history\***

**Medical History: In order to plan a massage session that is safe and effective, please answer the following questions about your medical history.**

Are you currently under medical supervision? :  NO  YES, for: \_\_\_\_\_

Do you currently see a chiropractor and/or physical therapist?  NO  YES, Provider(s): \_\_\_\_\_

**Please identify if you are currently or have previously experience the following:**

<p><b><u>Musculoskeletal</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Osteoporosis</li> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Back Problems</li> <li><input type="checkbox"/> Scoliosis</li> <li><input type="checkbox"/> Hip Disorders</li> <li><input type="checkbox"/> Neck Pain</li> <li><input type="checkbox"/> Knee Injuries</li> <li><input type="checkbox"/> Leg Pain</li> <li><input type="checkbox"/> Poor Posture</li> <li><input type="checkbox"/> Arm Pain</li> <li><input type="checkbox"/> Shoulder Pain</li> <li><input type="checkbox"/> TMJ</li> <li><input type="checkbox"/> Fractures</li> <li><input type="checkbox"/> Sprains</li> <li><input type="checkbox"/> Strains</li> </ul>	<p><b><u>Conditions</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Spine or Disc generation</li> <li><input type="checkbox"/> Pitting edema</li> <li><input type="checkbox"/> Contagious Diseases</li> <li><input type="checkbox"/> Memory Loss</li> <li><input type="checkbox"/> Chronic Pain</li> </ul>	<p><b><u>Neurological</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Parkinson's</li> <li><input type="checkbox"/> MS</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Headache</li> <li><input type="checkbox"/> Dizziness</li> <li><input type="checkbox"/> Pins/Needles</li> <li><input type="checkbox"/> Numbness</li> <li><input type="checkbox"/> Epilepsy</li> <li><input type="checkbox"/> Seizures</li> </ul>	<p><b><u>Constitutional</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Fainting</li> <li><input type="checkbox"/> Low Libido</li> <li><input type="checkbox"/> Poor Appetite</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> Sudden Weight Change</li> <li><input type="checkbox"/> Weakness</li> </ul>	<p><b><u>Cardiovascular</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> High Blood Pressure</li> <li><input type="checkbox"/> Low Blood Pressure</li> <li><input type="checkbox"/> High Cholesterol</li> <li><input type="checkbox"/> Poor Circulation</li> <li><input type="checkbox"/> Angina</li> <li><input type="checkbox"/> Excessive Burning</li> <li><input type="checkbox"/> Blood Clots</li> <li><input type="checkbox"/> Heart Disorders</li> <li><input type="checkbox"/> Varicose Veins</li> </ul>
<p><b><u>Integumentary</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Skin Cancer</li> <li><input type="checkbox"/> Psoriasis</li> <li><input type="checkbox"/> Eczema</li> <li><input type="checkbox"/> Acne</li> <li><input type="checkbox"/> Hair Loss</li> <li><input type="checkbox"/> Rash</li> </ul>	<p><b><u>Sensory</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Blurred Vision</li> <li><input type="checkbox"/> Ringing in the ears</li> <li><input type="checkbox"/> Hearing Loss</li> <li><input type="checkbox"/> Chronic Ear Infections</li> <li><input type="checkbox"/> Loss of Smell</li> <li><input type="checkbox"/> Loss of Taste</li> </ul>	<p><b><u>Respiratory</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Apnea</li> <li><input type="checkbox"/> Emphysema</li> <li><input type="checkbox"/> Hay Fever</li> <li><input type="checkbox"/> Shortness of Breath</li> <li><input type="checkbox"/> Pneumonia</li> </ul>	<p><b><u>Genitourinary</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Kidney Stones</li> <li><input type="checkbox"/> Infertility</li> <li><input type="checkbox"/> Kidney Dysfunction</li> <li><input type="checkbox"/> Prostate Problems</li> <li><input type="checkbox"/> PMS Symptoms</li> <li><input type="checkbox"/> Pregnancy</li> </ul>	<p>List any conditions that would cause restrictions to perform massage techniques:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>
<p><b><u>Digestive</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Anorexia/Bulimia</li> <li><input type="checkbox"/> Ulcer</li> <li><input type="checkbox"/> Heartburn</li> <li><input type="checkbox"/> Constipation or Diarrhea</li> <li><input type="checkbox"/> Gas and Bloating</li> <li><input type="checkbox"/> Ulcerative Colitis</li> </ul>	<p><b><u>Endocrine</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Thyroid Issues</li> <li><input type="checkbox"/> Immune Disorders</li> <li><input type="checkbox"/> Hypoglycemia</li> <li><input type="checkbox"/> Frequent Infection</li> <li><input type="checkbox"/> Swollen Glands</li> <li><input type="checkbox"/> Low Energy</li> <li><input type="checkbox"/> Diabetes</li> </ul>			

**The following information will be used to help plan safe and effective massage sessions.**

**Please answer the questions to the best of your knowledge.**

Have you ever had a professional massage before? :  NO  YES \_\_\_\_\_

Do you have any difficulty lying on your front, back, or side?  NO  YES \_\_\_\_\_

Do you have any allergies or sensitivities to oils, lotions, or ointments?  NO  YES \_\_\_\_\_

Do you sit for long hours at a workstation, computer or spent long hours driving?  NO  YES \_\_\_\_\_

Do you perform any repetitive movement in your work, sports, or hobby?  Yes  No

If yes, please explain: \_\_\_\_\_

Is there a particular area of the body where you are experiencing tensions, stiffens, pain or other discomfort?  Yes  No

If yes, please identify: \_\_\_\_\_

Do you have any particular goals in mind for this massage session?  NO  YES \_\_\_\_\_