



MASSAGE INTAKE FORM

Today's Date: _____

Name: _____ Date of Birth: _____

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

Primary Phone: _____ Alt. Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Email Address: _____

What brings you in today? _____

Is this due to an accident? No Yes, what type? Auto Accident Work Injury Other _____

If yes, when did the accident occur? _____

Are you under a Physician's care? No Yes, whom? _____

List any medications/vitamins/herbs: _____

Have you had a massage before? No Yes, when was your last massage? _____

Whom may we thank for referring you to our office? _____

How much tobacco do you use? _____/packs per day Alcohol? _____/drinks per week Caffeine? _____/drinks per day

Please check all those conditions below which apply to your personal health history:

General

- Athletes Foot
- Bone of Joint Disease
- Bursitis
- Cancer
- Depression
- Diabetes
- Headaches / Migraines
- Low Back / Hip / Leg Pain
- Lupus
- Neck / Shoulder Pain
- Spasms / Cramps
- Sprain / Strain
- Tendonitis

Nervous System

- Herpes / Shingles
- Fatigue
- Numbness / Tingling
- Sleep Disorders / Insomnia

Skin

- Eczema / Rashes
- Skin Allergies / Sensitivities
- Warts
- Other _____

Digestive

- Constipation / IBS
- Gas / Bloating
- Diverticulitis
- Other _____

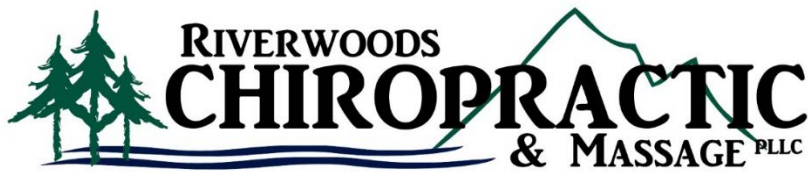
Reproductive

- Pregnant, Due Date: _____
- PMS / Mood Swings

*** IF WE HAVE ALREADY TAKEN A COPY OF YOUR INSURANCE CARD PLEASE SKIP THIS SECTION ***

Do you have insurance? No Yes, please fill out the information below:

Insurance Company _____ I.D. # _____ Group # (if applicable) _____



MASSAGE POLICY AND PROCEDURES

Your time is valuable and we make every attempt to be ready for your appointment at the scheduled time. We ask that you also value our time. In our commitment to provide a unique and outstanding service to all of our patients, and out of consideration for our therapists' time, we have adopted the following policies:

Arrival to Your Massage

Please arrive to your appointment 5 minutes prior to the scheduled starting time. This allows you the time to fill out any necessary paperwork, and change to prepare for the service. All massages have a specific time schedule and early arrival allows for a relaxed and unhurried experience. We regret that late arrivals may not receive an extension of the scheduled appointment. In special cases, and when our schedule will allow, we may accommodate a partial or full appointment. This will be at our discretion and with advanced notification of your late arrival. The original reservation fee will be charged.

Cancellation Policy

Please provide at least **4 hours notice** if you need to reschedule or cancel a treatment. If a patient fails to cancel within 4 hours, it will be considered a No Show. At Riverwoods Chiropractic & Massage, we understand that unanticipated events occur in everyone's life. We ask that you call if you cannot keep your appointment, or leave a message on our voicemail.

**PATIENTS WHO FAIL TO SHOW FOR APPOINTMENTS WILL BE ASKED
TO PAY A \$25 OUT OF POCKET FEE.**

If you call (or leave a message) 4 hours prior to your scheduled appointment, we will waive this fee. It is important that our massage therapists are compensated for the reserved time slots as they are contractors and are not paid for idle time.

Health and Well Being

Both the Massage Practitioner and patients are required to follow proper hygiene etiquette. Please refrain from smoking at least an hour before your appointment. Avoid using lotions, oils or perfumes prior to your treatment. Due to health and safety regulations, the therapist reserves the right to refuse treatment due to improper hygiene.

It is best not to arrive to your session with a full stomach as you may experience discomfort from the techniques and body positioning during the session.

It is asked that you do not come to your appointment under the influence of alcohol or drugs as this may mask your body's ability to receive tissue work safely.

If you have a cold, flu, sore throat, stomach virus, poison ivy, skin rash or anything contagious – please reschedule your appointment.

Some clients may experience muscle soreness the next day (if firmer pressure was used in the session)

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Respect for Patient Needs and Boundaries

Our Massage Therapists are happy to adjust pressure, temperature, musical volume, work longer on an area or move on if you request it.

The patient may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time.

The patient will always be modestly draped. Only the area being massaged will be undraped. The clients will be kept informed of the area to be massaged.

Sexual discussion of any kind between the patient and the massage therapist is **NEVER** appropriate.

Confidentiality and Conversation

We treat all patient visits and conditions as confidential. As such, we will not discuss your visit with anybody outside of our staff without your express permission. You may choose to talk or not talk during the massage. Conversation will be guided by the patient's direction.

Authorization

I certify that I have read and understand the above information to the best of my knowledge. I authorize Riverwoods Chiropractic & Massage, PLLC to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to Riverwoods Chiropractic & Massage, PLLC insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services and agree to be responsible for payment of all services rendered on my behalf or my dependents.

I, _____ have read and fully understand the above statements.
(PRINT NAME)

(SIGNATURE)

(DATE)