

Massage Client Intake Form

PLEASE PRINT LEGIBLY

Name _____ Email _____

Address *City/State/Zip* _____

Phone: Home _____ Work _____ Cell _____ Birthday ____/____/____

Occupation _____ Referred By _____

In Case of Emergency Please Contact _____ Phone _____

General and Medical Information

Y N Have you ever had a professional massage? If yes, how often? _____

Y N Are you pregnant? If yes, how far along are you? _____

Y N Are you sensitive to touch/pressure in any area (ticklish)? _____

Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list: _____

List of current medications and reason: _____

List of surgeries (type and date): _____

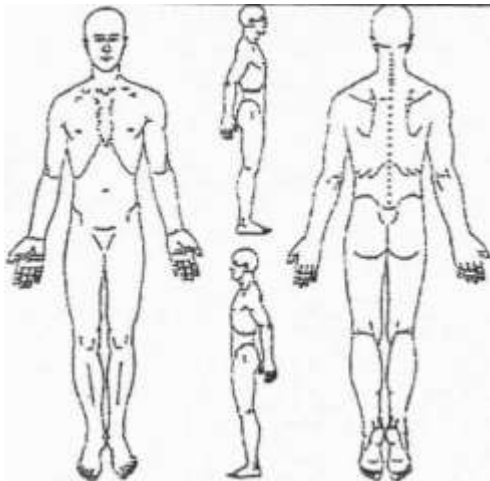
Indicate Areas of Pain Tension:

On a scale from 1-10, 10=highest, rate your levels of: Stress Pain Energy

How did your symptoms begin and when did they start? _____

What have you done for relief? _____

Is the condition getting better/worse? _____



Please mark in Ute diagram above any areas where you have pain or discomfort
Please check all that apply:

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- Skin condition - rash, warts, hives, skin cancer,
- Lymphatic condition - swollen gland, nasal congestion, lymph edema
- Joint problems/stiffness - arthritis, sacroiliac problems, TMJ
- Bone Condition - osteoporosis, fracture,
- Headaches
- Recent injury or accident - whiplash, sprain, bruise,
- Circulatory Condition - high blood pressure, varicose veins, blood clots
- Numbness, Tingling, Sciatica,
- Tendonitis, Bursitis
- Diabetes
- Other _____

King George Family Chiropractic
9305 Kings Highway
King George, VA 22485

Massage Client Waiver

Please take a moment to read and initial all of the following statements:

___ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort.

___ I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

___ I understand that the services offered today are not a substitute for medical care.

___ I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

___ I affirm that I have notified my therapist of all known medical conditions and injuries.

___ I agree to inform the therapist of any changes in my health and medical condition.

___ I understand that there shall be no liability on the therapist's part should I forget to do so

___ I understand that massage is entirely therapeutic and non-sexual in nature.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

Client Name (Please Print) _____ Date _____

Client Signature _____

Therapist Signature _____

Information and Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

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Massage Therapy Policy and Procedures

Thank you for choosing King George Family Chiropractic. We understand that unanticipated events happen occasionally in everyone's life. In order to best serve our clients, the following policies are honored:

Cancelled Appointments

Twenty-four hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice, you will be charged a \$20 cancellation fee. This fee cannot be billed to your insurance. It also must be paid prior to your next scheduled appointment.

Missed Appointments

If you miss your appointment, you will be charged a \$20 fee.

Late Arrivals

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually received, you will be responsible for the full session.

I have read and understand the above Massage Therapy Policies and Procedures.

Client Name (Please Print) _____ Date _____

Client Signature _____