

ProActive Chiropractic, P.C.

Massage Therapy In-Take Form

Name: _____ Date: _____

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

Home Phone: _____ Cell Phone: _____ Birth Date: _____

How were you referred? _____

In Case of Emergency, Contact: _____ Phone: _____

Please take a moment to carefully read the following and sign where indicated. If you have specific medical conditions or specific symptoms, massage may be contraindicated.

Have you ever received a professional massage before? Yes No How recently? _____

What is your major complaint or condition you want to improve? _____

Is it accident related? Yes No

Do you frequently suffer from stress? Yes No

Do you experience frequent headaches? Yes No

Do you suffer from arthritis? Yes No

Do you suffer from epilepsy or seizures? Yes No

Do you have high blood pressure? Yes No

If yes to the previous question,
are you taking medication for this? Yes No

Do you have any contagious diseases? Yes No

Do you bruise easily? Yes No

Have you had any broken bones
in the past two years? Yes No

Do you have cardiac or
circulatory problems? Yes No

Are you very sensitive to touch or
pressure in any area? Yes No

Do you have diabetes? Yes No

Are you pregnant? Yes No

Are you wearing contact lens? Yes No

Are you wearing dentures? Yes No

Do you suffer from joint swelling? Yes No

Do you have varicose veins? Yes No

Do you have osteoporosis? Yes No

Do you have any allergies? Yes No

Do you suffer from back pain? Yes No

Have you been in an accident or suffered
any injuries in the past two years? Yes No

Do you have numbness or
stabbing pains anywhere? Yes No

Have you ever had surgery? Explain. Yes No

Do you have tension or soreness in a specific area? Please specify. _____

Do you have any other medical condition or are you taking any medications? Please specify below. Yes No

Comments: _____

I understand that 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 further understand that massage or bodywork 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 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 this 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 sexually 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.

Client Signature: _____ M.T. Signature: _____

Patient: _____

Date: _____

PATIENT PRIVACY: I understand and agree to allow this chiropractic office to use my Patient Health Information only for the purpose of treatment, payment, healthcare operations, and coordination of care. If I would like to have a more detailed account of ProActive's policies and procedures concerning the privacy of my Patient Health Information, I can read the HIPAA NOTICE that is available at the front desk before signing this consent. I know how my Patient Health Information is going to be used in this office and my rights concerning those records. If there is anyone I do not want to receive my medical records, I will inform this chiropractic office immediately.

Client Signature: _____

Time Began: _____ am pm Time Ended: _____ am pm

S:

O:

A:

P:

M.T. Signature: _____

Date: _____

Date: _____ Time Began: _____ am pm Time Ended: _____ am pm

S:

O:

A:

P:

M.T. Signature: _____

Date: _____