

ProActive Chiropractic, P.C. – Massage Therapy In-take Form

Name: _____ Date:

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

Primary Phone # _____ Mobile Home Work

Date of Birth:

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 Age _____ Gender (check one) Male Female

E-mail: _____

In case of emergency, contact: _____ Relationship: _____

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 (not beneficial).

Are you currently undergoing treatment for cancer? Yes No

Are you currently taking any medication for infection? Yes No

Do you have any skin conditions? Yes No

If yes, please explain: _____

Do you any conditions that might be contagious? (for example: poison ivy, pink eye, the flu) Yes No

If yes, please explain: _____

Do you have any allergies to massage lotions, creams, gels or oils? Yes No

Do you bruise easily? Yes No

Have you had surgery in the last 6 weeks? Yes No

If yes, please explain: _____

Are you pregnant? Yes No If yes, are you having any complications? Yes No

Comments: _____

By signing below, I acknowledge that I agree to receive massage treatment for myself or for someone in my custody. 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/ 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 understand that if I choose to keep any devices with me on the table (cell phone, tablets, etc.), the practitioner is not liable for any damage done to such devices. 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: _____

Initials of L.M.T.: _____

Parent/Guardian: _____

Name: _____

Date:

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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: _____

Have you had any change in your medical history since your last massage? Yes No

If yes, explain. _____

Client Signature: _____

Date:

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