Badger Health Center • S31 W24757 Sunset Dr. • Waukesha, WI 53189 • (262) 547-2250

PATIENT HEALTH QUESTIONAIRE – MASSAGE THERAPY

Name: _____ Date of Birth: _____

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

Phone #: (_____)_____ Cell #: (_____)_____

Occupation: _____ Referred By: _____

Email: _____

Have you ever received a massage? ☐ Yes ☐ No

Are you taking medication? ☐ Yes ☐ No If yes, describe: _____

_____

Have you consumed alcohol in the past 24-hours? ☐ Yes ☐ No

Female Patients: are you pregnant? ☐ Yes ☐ No ☐ Don't Know

Do you have any of the following TODAY?

☐ Severe pain ☐ Headache ☐ Inflammation ☐ Cold / flu

☐ Sunburn ☐ Irritated skin rash ☐ Poison ivy ☐ Open cuts, bruises, burns

☐ Warts ☐ Other: _____

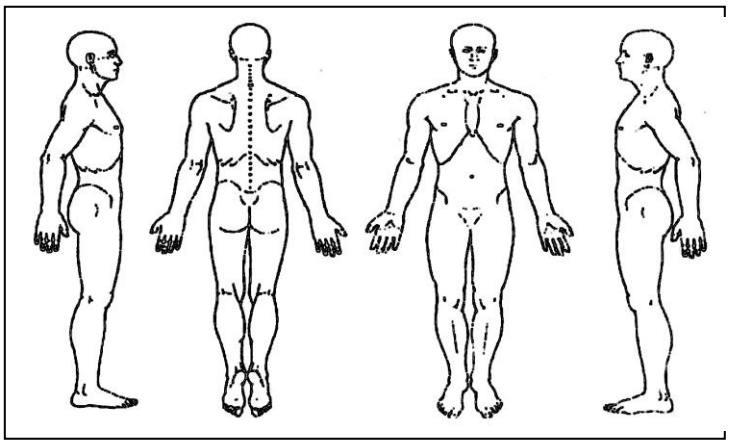
Do you have a history of the following?

☐ Allergies to oils, nuts, etc.
☐ Seizures
☐ Diabetes
☐ Heart attack
☐ Stroke
☐ High blood pressure
☐ Cancer
☐ Headaches
☐ Neck pain
☐ Mid-back pain
☐ Low-back pain
☐ Abdominal pain
☐ Joint ache
☐ Decreased range of motion
☐ Accident
☐ Whiplash
☐ Disk problems
☐ Broken bones
☐ Sprains
☐ Surgery
☐ Wear contacts or other prosthesis
☐ Arthritis, bursitis, or gout
☐ Colitis
☐ Fibromyalgia
☐ Varicose veins
☐ Breast augmentation
☐ Nervous tension
☐ HIV

Please indicate if your consumption is:

	None	Light	Moderate	Heavy
Alcohol	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐
Sugar	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐
Exercise	☐	☐	☐	☐
Water	☐	☐	☐	☐

Please indicate the places you are feeling discomfort below:



Please read the following and sign below:

- This massage is not a replacement for medical care and no diagnosis will be made.
- If under 18 years of age, a parent signature is required.

Patient Signature: _____ **Date:** _____

Financial Policy for Massage Patients

Revised December 2007

Your Initials by Each Statement and Signature at the Bottom Indicate that You Understand:

_____ 1. My payment is due at the time of service (B.H.C. will not bill out for any massages).

_____ 2. If I cancel or reschedule within 24 hours of my massage appointment or do not show up to my appointment, I AM STILL RESPONSIBLE FOR THE FULL PAYMENT OF MY MASSAGE, as the time has been reserved for me. It is acceptable to have someone else come in my place for my massage appointment, but if nobody shows, I will be charged accordingly (if applicable, gift certificates or package visits will be forfeited for missed appointments).

_____ 3. All massage gift certificates purchased from B.H.C. have a THREE-MONTH EXPIRATION date. If I use an expired gift certificate, there is a $5 expiration fee. I do have the option of transferring a gift certificate (before it expires) to a package visit on file with B.H.C., which will have NO EXPIRATION date. Massage gift certificates and package visits cannot be split up into more than one visit.

Signature: _____ **Date: _____**