

Renaissance Chiropractic Center

4902 Tacoma Mall Blvd., Tacoma, WA 98409 (253) 473-0300 Fax: (253) 473-0305

Massage Intake Form

Name(F) _____ (MI) _____ (L) _____ Preferred Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone #'s-Home () _____ Cell () _____ Work () _____

Gender M / F Birthdate _____ Age _____ SS # _____

Occupation _____ Employer: _____

May we contact you at work? Yes No E-Mail Address _____

Marital Status: single married other Spouse's Name _____ Birthdate _____

Emergency Contact: _____ Relationship _____ Phone # _____

Is this appointment related to: work injury auto accident cash insurance other _____

Referring Doctor: _____ Phone Number () _____

Date of Injury: _____ Do we have Auto Information? Yes / No Work Injury Information? Yes / No

If No, please provide Insurance Company, Claim number, and Attorneys name and phone (if applicable): _____

General & Medical Information:

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Have you ever had a professional massage? Y N Have you had any broken bones in the past two years? Y N

Do you experience frequent headaches? Y N Do you have tension or soreness in a specific area? Y N

Are you pregnant? If yes, how far along? Y N Do you have cardiac or circulatory problems? Y N

Are you wearing contact lenses? Y N Do you have varicose veins? Y N

Do you have high or low blood pressure? Y N Do you have numbness or stabbing pains anywhere? Y N

If yes to the previous question, are you taking medication for this? Y N Are you very sensitive to touch / pressure in any area? Y N

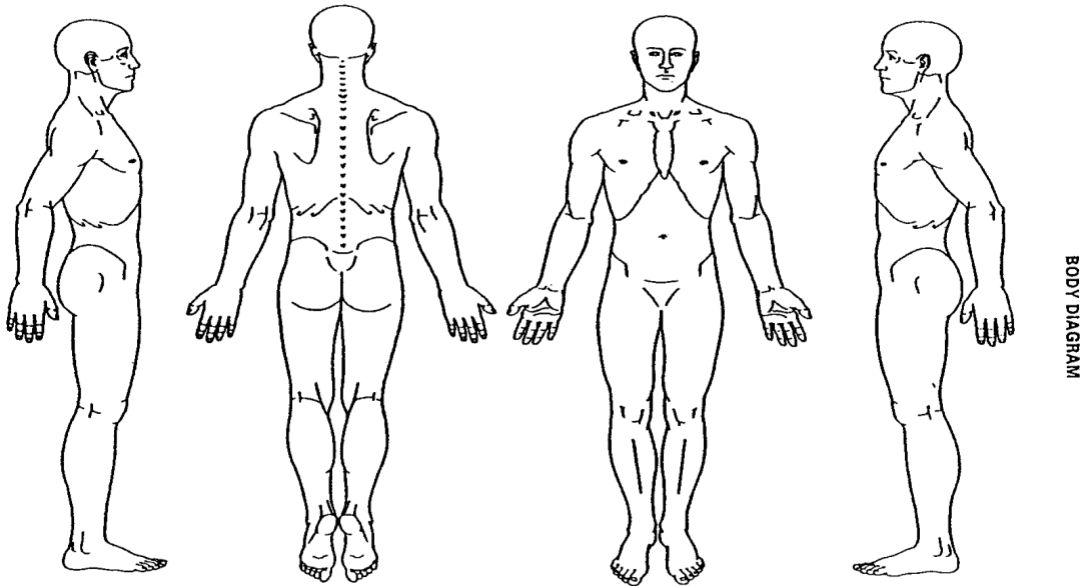
Are you diabetic? Y N Do you have an infectious or contagious disease? Y N

Do you have any skin problems or allergies? Y N Do you suffer from seizure disorder or epilepsy? Y N
If yes, to what?

Have you had any recent surgeries? If yes, Please explain in the comments area of this form Y N Do you have any other medical conditions that I should be aware of? Y N

Comments: _____

Mark problem areas with an "X"



PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.

(If you have a specific medical condition or specific symptoms, massage / bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.) 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 immediately inform the therapist 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 consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage / bodywork therapists 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 the 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so. It is also understood 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.

_____ **Financial Policy:** I ask that clients pay at the time of each visit, unless other specific arrangements are made.

_____ **Cancellation Policy:** The time of your appointment is reserved for you. Please give 24 – 48 hours notice if you are unable to keep your appointment. **Appointments cancelled less than 24 hours will be charged \$40 for the missed office visit. Your card on file with the office will be charged automatically for the missed visit.** You are responsible for your appointment time. Text and Email notifications may be offered as a reminder of your appointments as a courtesy. Malfunctions may occur causing the notifications to not be sent out, and should not be depended on for your appointments. (Emergencies will be handled on a case-by-case basis)

_____ **Acknowledgement of Receipt of Notice of Privacy Practices: HIPAA**
Renaissance Chiropractic Center uses personal information only as related to providing care and billing purposes in accordance with state and federal privacy guidelines. We do not share your information beyond what is required for these purposes.

Client Signature:

Date:

Therapist Signature:

Date:

Information and Suggestions for the Client

*Prior to your massage, remove all jewelry. Pull long hair back with clip.

*As a rule, massage is given while you are unclothed. We provide a top sheet and / or towel. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or a swim suit. This is YOUR massage and you should feel as comfortable as possible.

*During your massage, you may want to give your therapist feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.

*Feel free to ask your therapist any questions about their procedure. Your therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.