

CENTURY CHIROPRACTIC CENTER

3151 Olin Ave., #100

San Jose, CA 95117

408-261-2222 www.centurychiro.com

Massage Assessment - Please Print Clearly

Name: _____ Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

Occupation: _____ Employer: _____

Date of Birth: ____/____/____ Age: ____

Referred by: _____

Current Complaints (reason that you are here):

Current medications/drugs (and dosages):

Are you currently under the care of a physician or other health care professional? If yes, please provide name:

Specific areas you want your therapist to focus on?

Specific areas you want your therapist to avoid?

How do you want to feel at the end of your massage?

Consent of Treatment: I understand that Massage Practitioners are not medical practitioners. They do not diagnose illnesses nor do they treat disease symptoms. They are massage practitioners and stress management facilitators and are thus responsible for helping me to be aware of how I can take better care of my own health.

Signature: _____

Date: _____

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Specializing in Therapeutic, Prenatal and Relaxation Massage

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Welcome to our office! Thank you for selecting Century Chiropractic Center for your chiropractic, massage, and nutritional services. Please read and become familiar with the financial policies of this office and initial each statement as your acknowledgement and understanding.

30 min	\$50
60 min	\$90
90 min	\$135

Please Initial

- _____ Please arrive at least 10 minutes prior to your scheduled appointment time in order to ensure a full massage session.
- _____ If you arrive late for your appointment, your session may be cut short. However, if the Massage Therapist is running late, be assured you will receive your full treatment time.
- _____ Same day cancellations will be charged 50% of the scheduled service fee.
- _____ If you do not call to cancel your appointment or do not show up for your scheduled appointment, you will be charged full price for the scheduled service.
- _____ There is no charge for appointments cancelled or rescheduled **at least 24 hours** prior to massage appointment time.
- _____ Our office cannot guarantee coverage of muscle therapy treatments by any insurance company, at any time, for any diagnosis. If you are being referred by Dr. Nehawandian to our therapist for treatment of a specific injury or ailment, the doctor will make a diagnosis and we will submit claims to your insurance company. You are responsible for payment in full at time of service. Your account will be reconciled following receipt of the EOB (Explanation of Benefits) document from your insurance company.
- _____ Gratuity is not required, but greatly appreciated.

NAME (PRINTED): _____

SIGNATURE: _____ DATE: _____

(effective 3/1/2022)