

MASSAGE THERAPY



Client Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Birth date: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Occupation: _____ Hobby/Work Activities: _____
Medications: _____
Emergency Contact: _____ Phone: _____

General & Medical Information

Please circle the best answer for you.

If you answer "Yes" to any of the following questions, please explain in "Comments" section as clearly as possible.

- | | |
|--|--|
| Yes No Have you ever had professional massage? | Yes No Have you had any broken bones in the past 2 years? |
| Yes No Do you experience frequent headaches? | Yes No Do you have tension or soreness in a specific area? |
| Yes No Are you pregnant? | Yes No Do you have cardiac or circulatory problems? |
| Yes No Are you wearing contact lenses? | Yes No Do you suffer from back pain? |
| Yes No Are you diabetic? | Yes No Do you have numbness or stabbing pains anywhere? |
| Yes No Do you have high/low blood pressure? | Yes No Are you very sensitive to touch/pressure in any area? |
| Yes No If YES to the previous question, are you taking medication for this? | Yes No Have you ever had surgery? If YES, please explain. |
| Yes No Do you suffer from seizure disorders or epilepsy? | Yes No Do you have any other medical condition that I should be aware of? |
| Yes No Do you suffer frequently from stress? | Yes No Do you have varicose veins or blood clots? |

Comments: _____

PLEASE CAREFULLY READ THE FOLLOWING AND SIGN WHERE INDICATED.

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 therapist so that the massage 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 health care provider for any mental or physical ailment that I am aware of. I understand that massage/bodywork therapists are not licensed to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness. Massage/bodywork should not be performed under certain medical conditions, if you have a specific medical condition or specific symptoms, you should consult with your health care provider concerning possible conditions. I affirm that I have answered all questions honestly. I agree to keep the therapist updated as to any changes in my health profile and understand that there shall be no liability on the therapist's part should I neglect to do so.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Information and Suggestions for the Client

- ◆ Prior to your massage, remove all jewelry. Pull long hair back with a 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 or nothing at all. 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.



MASSAGE THERAPY POLICY

Geers Family Chiropractic is dedicated to providing quality care with honesty, integrity, and positive results to the people of Newaygo County.

Massage therapy is a service offered to patients at Geers Family Chiropractic to complement their specific chiropractic care. If recommended, massage therapy will be used to support the recovery of the patient. Massage therapy is utilized to relieve muscular tension or spasm, and helps to increase circulation. The massage therapist does not diagnose any disorders or conditions. The massage therapist does not prescribe any pharmaceuticals nor perform spinal adjustments.

All scheduling for massage therapy should be done with the receptionist. The massage therapist will not be responsible for making or changing any massage appointments.

Due to the extended amount of time needed for massage therapy, patients are asked to give at least 24 hours notice for cancellation. A second missed appointment without notification will result in full charge to the patient for the time missed. These charges must be paid in full prior to scheduling the next appointment. Repeatedly missing appointments may result in discontinuation of care.

Please note, if we are billing to Blue Cross Blue Shield or some other insurance companies, the patient may be required to meet with the chiropractor on the same day as the massage appointment.

Patient Signature: _____

Date: _____