Beneski Chiropractic & Wellness Center
Massage Client Intake Form

Patient Information:

Name_____ Date_____

Address_____

City_____ State_____ Zip_____

Email_____ Phone_____

Date of Birth _____ Occupation_____

Whom may we thank for referring you?_____

Past Medical History:

Place a mark on "yes" or "no" to indicate if you have had any of the following:

AIDS/HIV	☐Yes ☐No	Skin Conditions	☐Yes ☐No	Pacemaker	☐Yes ☐No
Anemia	☐Yes ☐No	Vertigo	☐Yes ☐No	Liver Disease	☐Yes ☐No
Arthritis	☐Yes ☐No	Phlebitis	☐Yes ☐No	Thrombosis	☐Yes ☐No
Varicose Veins	☐Yes ☐No	Parkinson's Disease	☐Yes ☐No	Emphysema	☐Yes ☐No
Cancer	☐Yes ☐No	Migraines	☐Yes ☐No	High Cholesterol	☐Yes ☐No
Asthma	☐Yes ☐No	Diabetes	☐Yes ☐No	High Blood Pressure	☐Yes ☐No
Epilepsy	☐Yes ☐No	Glaucoma	☐Yes ☐No	Multiple Sclerosis	☐Yes ☐No
Lymphedema	☐Yes ☐No	Gout	☐Yes ☐No	Osteoporosis	☐Yes ☐No
Heart Problems	☐Yes ☐No	Hernia	☐Yes ☐No	Thyroid Problems	☐Yes ☐No
Embolism	☐Yes ☐No	Stroke	☐Yes ☐No	Recent Surgery	☐Yes ☐No
Herniated Disc	☐Yes ☐No				

Other _____

Are you pregnant? ☐Yes ☐No Due Date_____

Health History:

Medications: None☐

_____

_____

_____

Exercise: None☐

_____

_____

_____

Allergies: None☐

_____

_____

_____

Typical day to day posture (i.e. seated/standing)

_____

_____

_____

Massage History:

Have you had a professional massage in the past? ☐Yes ☐No

What are your goals for this bodywork/massage session? _____

_____

_____

Professional bodywork (physical therapy, chiropractic, massage, etc.) previously received and frequency of visits: _____

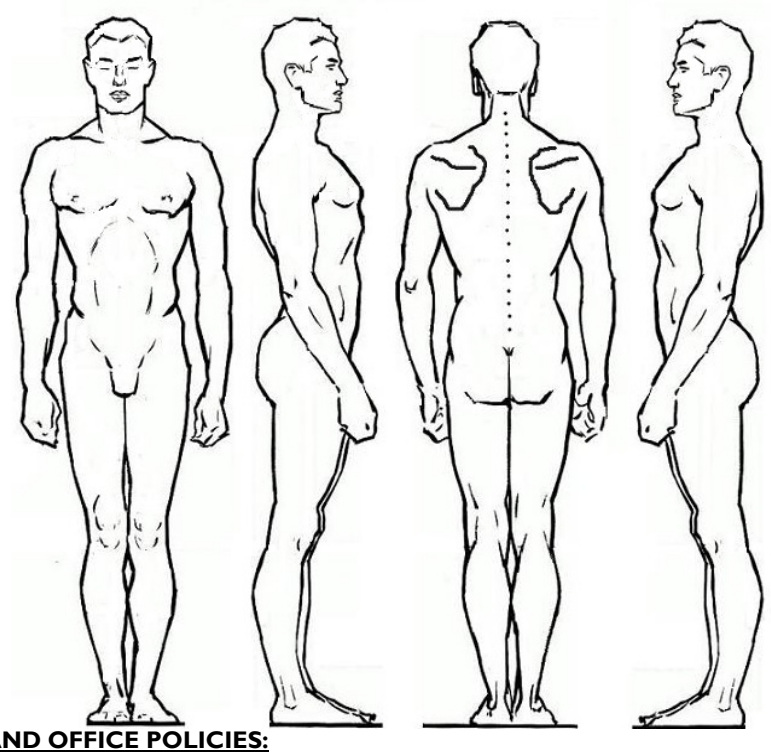
_____

_____

_____

Use this space to mention any other issues or concerns:

Please Indicate Below any areas you are having trouble with:
A=Ache, B=Burning, N=Numbness, P=Pins & Needles, S=Stabbing, O=Others



MASSAGE CONSENT AND OFFICE POLICIES:

Consent for Care:

- It is my choice to receive Massage Therapy, and I give consent to receive treatment.
- I understand that Massage Therapists DO NOT diagnose illness, disease or any other physical or mental disorders, and that Massage Therapy is not a substitute for medical examination and/or diagnosis.
- I affirm that I have stated all my known medical conditions and shall take it upon myself to keep my Massage Therapist updated on my physical and mental health. I also agree there shall be no liability on the practitioner's part should I neglect to do so.
- I agree that if I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.
- I understand that Massage is for Therapeutic purposes and no inappropriate sexual conduct will be tolerated.
- It is up to you and your therapist to discover the most beneficial firmness and pressure to be used. Communication is of utmost importance during this process. When working with your therapist let them know if something feels good and especially let them know if something is uncomfortable. With myofascial and deep tissue work there are times you can be uncomfortable and this would be a normal process.

Massage Appointment Policies:

- A 24 hour notice is required to cancel or reschedule massage appointments
- A "No Show" will be charged at the full price of the scheduled service
- Same day cancelled or rescheduled massages will be charged at 50% of the scheduled service
- If you held your appointment with a voucher and a 24 notice is not given, you will forfeit your voucher
- Late arrivals are not granted time extensions but will receive the remainder of their scheduled session and full session price will be due
- An appointment is held by payment for that appointment and payment is collected when an appointment is made. If an appointment is cancelled within 24 hours and a refund is requested it will be granted as soon as possible depending on payment type. Credit Card will be refunded immediately. Check or Cash will be refunded by check within 5 business days from request.

Tipping:

- If you wish to tip your therapist for an exceptional job your generosity is appreciated. There are small manila envelopes at the front desk and in the massage room. Simply place your tip into the envelope and give it to the front desk. The envelope will remain closed and delivered to your therapist. Tipping is in no way mandatory!!!

By signing below I acknowledge that I have read and understand the massage policies.

Client's Name (Printed): _____

Client's Signature:_____ Date: _____

Signature of Parent/Guardian (if client is a minor) : _____ Date: _____