

General New Patient Information

MASSAGE

Patient_____

Cell#_____Home#_____

Address_____

City_____ST____Zip_____

E-Mail (please print)_____

For appointment reminders do you prefer a: Text Message or Phone Call ?

Date of Birth_____Age_____

Married_____Single_____

Occupation_____Health Ins (Y or N) _____

How did you hear about us?_____

Payment- Most health insurance covers massage therapy when performed at our office. If you would like our insurance specialist to verify your insurance for you please give her your give Insurance Card and Driver's License.

Please Check Any of the Following You Have Had or Currently Have

Musculo-Skeletal

- Neck Pain/Stiffness
- Mid-Back Pain/Stiffness
- Low Back Pain/Stiffness
- Jaw Pain or click (TMJ)
- Joint Pain/Stiffness
- Difficulty in Excessive Standing, Sitting, Riding, Bending, Lifting, Twisting
- Shoulder Pain
- Hip Pain
- Vertebral Disc Rupture/Herniation Levels _____
- Arthritis

Nervous System

- Numbness/Tingling Pain in Buttocks, Legs, Feet, Toes
- Trouble Sleeping
- Under Stress
- Tingling Upper Extremities
- Dizziness
- Fainting
- Headaches

Cardiovascular

- Stroke
- Chest Pain
- History of High Blood Pressure
- Heart Problems
- Arteriosclerosis

Pulmonary System

- Asthma
- Chronic Obstructive Pulmonary Disease
- Chronic Bronchitis

Others

- Autoimmune Disorder
- Cancer
- Diabetes
- Fibromyalgia
- Menstrual Cramps

Areas of Discomfort _____

Rate Your Pain Today (no pain) 1—2—3—4—5—6—7—8—9—10 (severe pain)

Rate Your Pain at its Worst (no pain) 1—2—3—4—5—6—7—8—9—10 (severe Pain)

Have You Ever Experienced this Discomfort Before Yes No If so, frequency _____

Have You Seen Anyone for This Discomfort Before Yes No Who _____

Diagnosis _____ Treatment _____

Normal daily activities: _____

Do You Regularly Receive a Massage For Stress Relief or Rehabilitation? Yes No

If Determined That Massage Therapy Would Help Assist in Correcting Your Problem Would You Like more Information? Yes No

Do you have a preference in therapist? Male Female No preference

Since, we are a health care clinic most of the massages performed in our office are therapeutic in nature. This type of massage uses a little deeper pressure in order to address some problematic soft tissue areas. In order to better serve you please read over the list of massages performed in our office and choose the type of massage you would like to receive today.

__**Relaxation Massage**— A light pressure massage, with very little therapeutic value (spa type treatment).

__**Mild Therapy**- It is a combination between a relaxation and deep tissue, this type will still give you some therapeutic benefits.

__**Deep Tissue/Sports**— A deeper pressure massage, focusing on knots, muscle tension, and stretching of tight muscles.

__**Cranial Sacral**— A light pressure massage that provides relief from headaches, neck and back pain, TMJ and more.

__**Prenatal/Pregnancy**—Reduces pregnancy discomforts, facilitate and shorten labor times

****Any Patient receiving Massage Therapy in the office is required to give a 24 hour cancellation notice, for any scheduled massage appointment. If a 24 hour notice is not given, we reserve the right to charge a \$30 fee for the missed appointment, which will be due before the next massage is received.**** Please initial below that you have read

Initials _____