

Basic Patient Intake Form

MASSAGE ONLY

Perfect Touch Massage & Chiropractic Ltd.

Dr. Nicole Klersy-Mohr D.C.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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.

- Yes No Do you frequently suffer from stress?
Yes No Do you have a thyroid condition?
Yes No Are you pregnant?
Yes No Are you wearing contact lenses or dentures?
Yes No Do you have high blood pressure and/or take medication to manage blood pressure?
Yes No Do you have varicose veins?
Yes No Do you have osteoporosis?
Yes No Do you have any allergies or sensitivities (i.e. nuts, iodine, shellfish, flowers, scents)?
Yes No Are you sensitive to touch or pressure in any area?
Yes No Other medical condition, or are you taking any medications?
Yes No Do you have diabetes?
Yes No Do you experience frequent headaches?
Yes No Do you suffer from arthritis?
Yes No Do you have cardiac or circulatory problems?
Yes No Do you suffer from epilepsy or seizures?
Yes No Do you suffer from joint swelling?
Yes No Do you have any contagious diseases?
Yes No Do you bruise easily?
Yes No Any injuries in the past two years?
Yes No Do you have numbness or stabbing pains?
Yes No Have you ever had surgery?

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

Comments

Have you ever experienced a professional massage or bodywork session? Yes No How recently? \_\_\_\_\_

What are your goals for today's treatment? \_\_\_\_\_

What kind of pressure do you prefer? light medium firm

I understand that the massage/bodywork/spa treatment 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 practitioner so that the treatment, pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand 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.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_