

# Back to Life Chiropractic Center

## Massage Intake Form

Welcome! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you received massage therapy prior to today? Yes\_\_ No\_\_

Which type of pressure do you prefer? Light\_\_ Medium\_\_ Deep pressure\_\_

Are you wearing? Contact Lenses\_\_ Hearing aids\_\_ Hairpiece\_\_

Do you have any of the following today? Skin rash\_\_ Cold/flu\_\_ Open cuts\_\_

Are you on any medications? Yes\_\_ No\_\_

Are you pregnant? Yes\_\_ No\_\_ NA\_\_

Please review the list and circle the conditions that have affected your health either recently or in the past. Please circle if any of the following apply to you:

Arthritis

Aids

Diabetes

Blood clots

Broken/dislocated bones

Bruise easily

Cancer

Chronic fatigue

Chronic pain

Constipation/diarrhea

Hepatitis (A, B, C, other)

Stroke

Surgery

Depression, panic disorder, other psych

Headaches

Heart conditions

Back problems

Fibromyalgia

High blood pressure

Insomnia

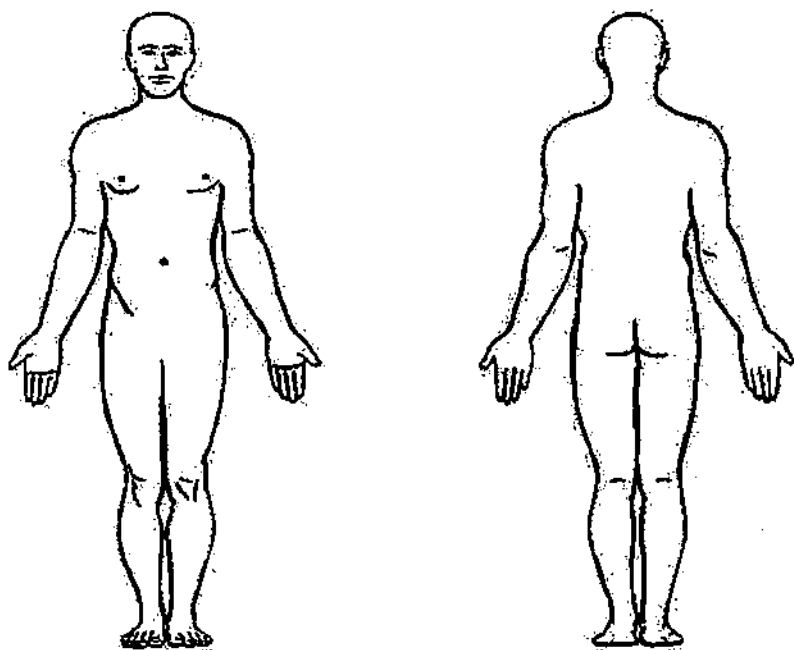
Muscle strain/sprain

Scoliosis

Seizures

Whiplash

Please indicate with an (X), if any, the areas in which you are feeling pain or discomfort:



The following sometimes occurs during massage. They are normal responses to relaxation.

Trust your body to express what it needs to:

- the need to move or change position
- sighing, yawning, or change in breathing
- stomach gurgling and/or movement of intestinal gas
- energy shift
- falling asleep
- memories

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscle tension, it is not a substitute for medical examination, diagnosis, or treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be a done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_