

MASSAGE CLIENT INTAKE FORM

THRIVE CHIROPRACTIC



Today's Date: ____/____/____

Name: _____ Date of Birth: ____/____/____

Email: _____ Phone: (____) ____ - ____

Street Address: _____

City: _____ State: ____ Zip: _____

Marital Status: Single / Married / Divorced / Separated / Other Spouses Name: _____

Occupation: _____ Employer: _____

How did you Hear About Us? Family Friend Doctor Event Facebook Other _____

Have you received massage therapy before? Yes / No If Yes, How long ago? _____

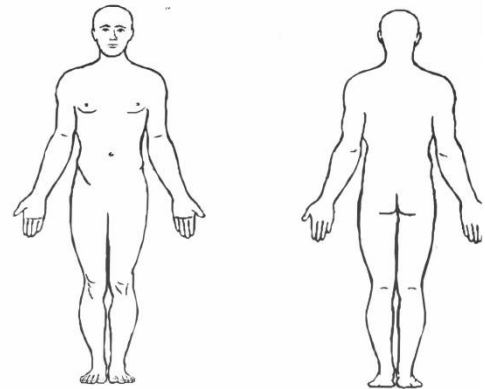
Please mark areas of concern on the diagram

HISTORY

In the past 6 months, have you experienced any of the following?

- Neck Pain
- Low Back Pain
- Sciatica
- Shoulder Pain
- Knee Pain
- Carpal Tunnel
- Numbness/Tingling
- Allergies/Sinus
- Muscle Tension
- Foot Issues

Current Medical Condition(s): _____



IN CASE OF EMERGENCY

Emergency contact person: _____ Relationship: _____ Phone: _____

Important Information

I, _____ (client), understand that massage therapy is intended for relaxation , reduce pain caused by muscle tension, improve circulation, increase range of motion, and offer a positive experience through the sense of touch. I understand that massage therapy is not a substitute for medical treatments and that it is recommended that I work with a primary physician/doctor for any medical condition that I may have. I am aware that the massage therapist do not diagnose illness or disease. I have informed Thrive Chiropractic of all my known physical and medical conditions. If diagnosis or treatment is recommended by the massage therapist, I will discuss further care with the doctor of Chiropractic.

I, _____ (client), understand by receiving massage therapy services, I am hereby releasing any and all rights for claims and damages from the past or during the course of any or connection to this massage session or future massage therapy sessions at Thrive Chiropractic. Massage therapy should not be performed under certain medical conditions, as it may trigger a spasm due to an underlying cause or further conditions.

Client Signature _____ Date _____