



Massage Client Information Form

Name: _____ Date of Birth: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell: (_____) _____

Address: _____ City: _____ St: _____ Zip: _____

Your occupation: _____ E-mail: _____

(Used for appointment reminders)

What are the reasons for your visit today?					
What are your other health concerns?					
Describe any surgeries you have had:					
Describe any accidents you have had:					
List all conditions currently monitored by a Health Care Provider (i.e. heart attacks):					
List any medications that you took today:					
Please note all current and previous conditions:					
Headache	Y	N	Stiff/painful joints	Y	N
Sleep problems	Y	N	Neck, shoulder, or arm pain or numbness	Y	N
Fatigue	Y	N	Low back, hip or leg pain or numbness	Y	N
Flu or cold symptoms in the last 48 hours	Y	N	Sciatica	Y	N
Sinus problems	Y	N	Depression	Y	N
Allergies to scents or lotions	Y	N	Blood clots	Y	N
Allergies, in general	Y	N	Stroke	Y	N
Arthritis	Y	N	Heart disease	Y	N
Osteoporosis	Y	N	High/low blood pressure	Y	N
Scoliosis	Y	N	Poor circulation	Y	N
Broken bones	Y	N	Asthma	Y	N
Spinal problems	Y	N	Thyroid dysfunction	Y	N
Disc problems	Y	N	Diabetes	Y	N
Spasms/cramps	Y	N	Currently pregnant	Y	N
TMJ (jaw pain)	Y	N	Malignant cancer or tumors	Y	N
Tendonitis/bursitis	Y	N	Benign cancer or tumors	Y	N
Describe, as needed, any conditions indicated above, or other conditions that you feel may be important:					

Please complete the back side....

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Do you exercise? Y N If yes, describe: _____ Frequency: _____

Referred by _____ Have you had a massage before? N Y If yes, how many? 0 1 - 5 6+

How did find out about our services? _____

We produce a wellness newsletter and other information such as special events and promotions exclusively for our clients. May we include you on this mailing list? No Yes, use my email above Yes, use my postal address above

Yes, Other :

Consent for Care:

I have completed this information form to the best of my knowledge. I am requesting non-medical massage for the purpose of stress reduction, relief from muscular tension, or increasing circulation. If I am seeking medical massage I have provided a prescription and instructions from my doctor or am requesting one from Woodward Chiropractic.

I understand that the massage therapist does not prescribe medical treatment, pharmaceuticals, or perform any spinal manipulations. It has been made clear to me that massage therapy is not a substitute for medical examinations and/or diagnosis, and that I should see a physician for any physical ailment that I might have. Furthermore I understand that Information exchanged during any massage session is education in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion.

Our time together is precious and I agree to cancel 24 hours in advance. Unless there is an emergency, if I miss an appointment I agree to pay the full appointment fee.

I have read, understood and answered the questions listed above.

Signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____
(If patient is a minor)

Time is precious.

If you are unable to keep your appointment, please give 24 hours notice.