

## MASSAGE CLIENT INFORMATION AND HEALTH HISTORY

The below information is accurate to the best of my knowledge, and I freely give my permission to be massaged. I agree to inform the massage therapist of any experience of pain during the session. I understand that this is not a medical treatment; and this is not a substitute for medical diagnosis, treatment, or examination. Nothing said during the session should be interpreted as such. I also understand that no inappropriate comments or conduct will be tolerated, and any indication of such will automatically end the session.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

- Are you Pregnant? (circle one) YES / NO
- Do you have any allergies? (circle one) YES / NO
  - Please Explain: \_\_\_\_\_
- How much water do you drink in a day? \_\_\_\_\_
- Do you consider yourself stressed? (circle one) YES / NO
- Is this your first professional massage? (circle one) YES / NO
  - How frequently do you get a massage? \_\_\_\_\_
- Are you aware of any tension spots in your body? (circle one) YES / NO
  - If so, where are they located? \_\_\_\_\_
- Describe any surgeries, hospitalizations, accidents, or injuries you have had:
  - Less than 5 years ago: \_\_\_\_\_
  - More than 5 years ago: \_\_\_\_\_
- Do you have any chronic/ongoing pain you deal with on a regular basis? (circle one) YES / NO
  - Please Explain: \_\_\_\_\_
- Are you currently receiving any type of medical/therapeutic treatments? (circle one) YES / NO
  - Please Explain: \_\_\_\_\_
- Please list any medications (vitamin, herb, or pharmaceutical) taken now or at regular intervals and explain what the medication is used to treat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due to the full schedule, a 24-hour notice is required if I am unable to keep my appointment. Failure to give 24-hour notice of a cancellation or reschedule will be considered a "no show" and billed \$25.

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

*Be sure to drink plenty of water and receive massage on a consistent basis.*

## Permission for Disclosure

HIPPA (Health Insurance Portability and Accountability Act) has privacy rules that give you the right to approve or deny disclosure of your personal health information contained in your file. You, the patient, must give written consent to this office before we can contact you for personal reasons. However, we can contact you at any time regarding your appointment, treatment, or for billing purposes.

Check the following ways you would like to be contacted:

- Home Phone / Work Phone (\_\_\_\_\_) / (\_\_\_\_\_) \_\_\_\_\_
- You have permission to leave a message that will contain detailed information about me at the above number.

Initials: \_\_\_\_\_

- Cell Phone (\_\_\_\_\_) \_\_\_\_\_
- You have permission to leave a message that will contain detailed information about me at the above number.

Initials: \_\_\_\_\_

- Email \_\_\_\_\_

Initials: \_\_\_\_\_

- Home Address (patient address already on file)

Initials: \_\_\_\_\_

Check one of the following two options:

- I give Bouma Chiropractic Clinic, P.C. permission to use my name when referring patients and permission to use my testimonial for the purpose of sharing my chiropractic story with others. This form shall be valid for 7 years.
- I do not give Bouma Chiropractic Clinic, P.C. permission to use my name when referring patients and permission to use my testimonial for the purpose of sharing my chiropractic story with others. This form shall be valid for 7 years.

Name (Print): \_\_\_\_\_

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

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

If there is any other person that you give authorization to release any medical information, records, or any other information about your care; please list their names and information.

Name	Phone #	Birth Date	Relationship to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### OFFICE USE ONLY

CA: \_\_\_\_\_ Date: \_\_\_\_\_