

CLARK CHIROPRACTIC/MASSAGE THERAPY

17422 108th Ave SE Renton, WA 98055

Massage Therapy Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

If you have health insurance and would like for us to check on your coverage, please provide us a copy of your card. Thank You!

What results do you want from massage? _____

Please answer the following questions:

- | | | |
|-----|----|--|
| Yes | No | Have you ever had a professional massage? |
| Yes | No | Do you exercise regularly or participate in any sports? If yes, what kind & how often? _____ |
| Yes | No | Are you currently under the care of a physician or other health care provider for a specific condition? If yes, please describe: _____ |
| Yes | No | Do you take any medication (include aspirin or ibuprofen)? If yes, please list Medication, dosage, & condition: _____ |
| Yes | No | Do you have any skin problems or allergies? If yes, please describe. _____ |
| Yes | No | Have you ever had major surgery? If yes, please describe: _____ |
| Yes | No | Do you have or have you ever had cancer? If yes, please describe. _____ |
| Yes | No | Do you have or have you ever had heart problems? If yes please describe. _____ |
| Yes | No | Do you have an infectious or contagious disease? If yes, please describe. _____ |
| Yes | No | Are you pregnant? If yes, what stage? _____ |
| Yes | No | Do you have needs that require special attention? If yes, please specify _____ |
| Yes | No | Do you have any other medical condition that I should be aware of before you receive Massage? If yes, please describe _____ |

I understand that massage practitioners do not diagnose illness, disease, or other physical or mental disorder. Massage practitioners do not prescribe medical treatment or pharmaceuticals. It has been made clear that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for physical ailments that I might have. I have stated all my known medical conditions and take it upon myself to keep the massage practitioner updated on my physical health.

Signature: _____ Date: _____