

Massage Client Information

Name: _____ Phone: _____

Address: _____ Apt

#: _____

City: _____ State: _____ Zip: _____

Email: _____

Gender: _____ Preferred Pronouns: _____

D.O.B.: _____ Occupation: _____

How did you hear about the Massage Therapist: _____

Emergency Contact: _____ Phone #: _____

General Medical Information

Y N Have you ever had a professional massage? If yes, how often? _____

Y N Are you pregnant? _____

Y N Do you have high blood pressure? If yes, is it under control? _____

Y N Do you have any seizure disorders or epilepsy? _____

Y N Are you diabetic? If yes, is it under control? _____

Y N Have you Broken any bones in the past two years? If yes which one(s)?

Y N Have you torn, sprained, or injured any muscles/tendons in the last two years? If yes,
please explain. _____

Y N Do you have any cardiac or circulatory problems? If yes, please explain. _____

Y N Have you ever had any surgeries i.e. lymph node removals ect...? If yes,

Please explain: _____

Y N Do you have any other medical conditions past or present that may be relevant/injuries/cancer/
eye contacts etc....? _____

Y N Are you currently taking an medications? If yes, what for?: _____

General Medical Information (cont.)

Y N Do you suffer from back pain? Upper, Middle Lower? If yes, please explain:

Y N Do you experience headaches? If yes, how intensely and how often? _____

Y N Do you have tension or soreness in a specific area? If yes, how intense, and how often?

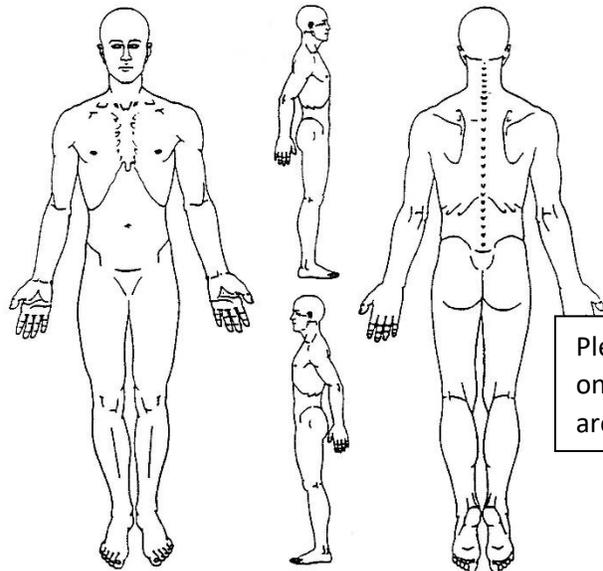
What activities, movements, positions make this worse? _____

Any activities, movements positions that make it better? _____

Y N Are you sensitive to touch/pressure in any areas? (ticklish?) _____

Y N Are you allergic or sensitive to any oils (essential, nuts, oils, scents)? Any Latex allergies?

Please Provide any additional information about your health to assist your therapist in providing a beneficial and therapeutic massage. (previous injuries, goals for) etc.



Please mark on chart any areas of pain

Massage Client Waiver Form

Please place initials under each section to confirm your understanding.

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/ strokes can be adjusted to my comfort level. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries.

I agree to inform the therapist of any changes in my health and medical condition/s. I understand that there shall be no liability on the therapist's part should I forget to do so.

I understand that massage is entirely therapeutic and non-sexual in nature.

By Signing this release, I hereby waive and release my therapist from all liability, past present, and future relating to massage therapy and bodywork.

I have received the policy statement, and have read and agree to the policies therein

Client Name Printed: _____

Client Signature: _____

Date: _____

Therapists Signature: _____

Info and Suggestions

Prior to massage please removes contact lenses and all jewelry. Pull long hair back with a clip or band.

In general, massages are often given while you're unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.

Certain types of massage (shiatsu, cranial sacral therapy, reflexology, thai massage) require loose, comfortable clothing that allow for freedom of motion.

Feel free to ask your therapist any questions before, during, or after your session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

MESSAGE CANCELLATION POLICY

We're delighted that you chose Diegel Chiropractic as your massage therapy provider. There are however, a few rules that must be followed by all massage clients so that everyone is able to enjoy their massage experience. Please take a minute to familiarize yourself with these rules and to ask any questions you may have. Then lie back and enjoy the best massage you've ever experienced!

☞ Please call for your massage appointment at least 24 hours before your preferred time in order for us to make the necessary arrangements.

☞ Please arrive 15 minutes prior to your scheduled appointment time for your first massage. This will allow time for you to complete the necessary forms and have your initial consultation with your therapist.

☞ Please arrive 5 minutes early for your subsequent massage appointments. This will allow time for you to prepare for your massage.

☞ If you arrive late for your scheduled appointment, the massage will not be extended, and you will still be assessed the entire fee for the massage as booked.

☞ We require 24 hour notice of any cancellation of your massage. You will be assessed the full fee for any massage missed without this notice, and we will not be able to bill your insurance for any missed covered massage.

Name Printed

Date

Signature

Massage Policies

We're delighted that you chose Diegel Chiropractic as your massage therapy provider. We strive always to bring you the very best in therapies and therapists to enhance your health and wellness. There are however a few rules that must be followed by all massage clients so that everyone is able to enjoy their massage experience. Please take a moment to familiarize yourself with these rules and to ask any questions you may have. Then lie back and enjoy the best massage you've ever experienced!

- Please call to schedule your massage at least 24 hours prior to your preferred time for us to make the necessary arrangements.
- Please arrive 15 minutes prior to you scheduled appointment time for your first massage. This will allow time for you to complete the necessary forms and have your initial consultation with your therapist.
- Please arrive at least 5-10min early for any subsequent massage appointments. This will allow time for you to prepare for your massage.
- If you arrive late for your appointment, the massage will not be extended, and you will be responsible for the entire cost of the original time scheduled. We will not bill your insurance for more than the amount of time you received, and you will be responsible for any difference between that and the time scheduled.
- Please provide at least 24 hours' notice for any cancellation. You will be charged the full amount for any massaged missed or canceled without this notice, we will not bill your insurance for any missed massages.
- We require a minimum payment of \$60.00 per every hour of massage. You will be assessed the difference for any massage covered by insurance that is paid at a rate less then this amount.
- If our massage therapist feels threatened in any manner you will be removed from the office immediately, barred from returning, and the appropriate authorities will be contacted if necessary.

Name Printed: _____ Date: _____

Signature: _____

Date: _____

WIS: _____

WID: _____

HW: _____
