ASH
Chiropractic & Wellness

Client Information

Name _____ Phone (____) _____ DOB _____

Address _____ City _____ State ____ Zip _____

E-Mail _____

Referred By _____ Phone (_____) _____

Occupation _____ ☐Male ☐Female

In Case of Emergency _____ Phone (_____) _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced professional massage or bodywork? ☐Yes ☐No How recently? _____

What are your massage/bodywork goals? _____

What kind of pressure do you prefer? ☐Light ☐Medium ☐Firm

Are you currently receiving Chiropractic care? ☐Yes ☐No

If you answer "Yes" to any of the following questions, please explain as clearly as possible

☐Yes ☐No Do you frequently suffer from stress?

☐Yes ☐No Do you have diabetes?

☐Yes ☐No Do you experience frequent headaches?

☐Yes ☐No Are you pregnant?

☐Yes ☐No Do you suffer from arthritis?

☐Yes ☐No Do you currently have cancer?

☐Yes ☐No Do you have a cancer history?

☐Yes ☐No Do you have high blood pressure?

☐Yes ☐No Do you suffer from epilepsy or seizures?

☐Yes ☐No Do you suffer from joint swelling?

☐Yes ☐No Do you have varicose veins?

☐Yes ☐No Do you have any contagious diseases?

☐Yes ☐No Do you have osteoporosis?

☐Yes ☐No Do you have allergies?
Please specify_____

☐Yes ☐No Do you bruise easily?

☐Yes ☐No Any recent injuries?

☐Yes ☐No Do you have tension or soreness in a specific area?
Please specify_____

_____

☐Yes ☐No Do you have cardiac or circulatory problems?

☐Yes ☐No Do you have numbness or stabbing pains?
Please specify_____

_____

☐Yes ☐No Are you sensitive to touch or pressure in any area?
Please specify_____

_____

☐Yes ☐No Are you currently recovering from a surgery?
Please specify_____

_____

☐Yes ☐No Are there any other medical conditions the practitioner should be aware of?

☐Yes ☐No Are you taking any medications?
Please specify_____

_____

Additional Comments_____

_____

I understand that the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage/bodywork techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date_____