

# *General New Patient Information*

## *MASSAGE*

Patient\_\_\_\_\_

Cell#\_\_\_\_\_ Home#\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ ST\_\_\_\_\_ Zip\_\_\_\_\_

E-Mail (please print)\_\_\_\_\_

For appointment reminders do you prefer a: Text Message or Phone Call ?

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_

Married\_\_\_\_\_ Single\_\_\_\_\_

Employer\_\_\_\_\_

Occupation\_\_\_\_\_ Health Ins (Y or N) \_\_\_\_\_

How did you hear about us?\_\_\_\_\_

***A number of health insurances or flexible spending accounts cover Massage Therapy, if you would like our trained insurance specialist to call and verify if yours may cover your massage today or any future massage visits PLEASE give your Insurance Card and Driver's License to our Office Assistant to make a copy before going on with the following pages.***

**Please Check Any of the Following You Have Had or Currently Have**

**Musculo-Skeletal**

- Neck Pain/Stiffness
- Mid-Back Pain/Stiffness
- Low Back Pain/Stiffness
- Jaw Pain or click (TMJ)
- Joint Pain/Stiffness
- Difficulty in Excessive Standing, Sitting, Riding, Bending, Lifting, Twisting
- Shoulder Pain
- Hip Pain
- Vertebral Disc Rupture/Herniation Levels \_\_\_\_\_
- Arthritis

**Nervous System**

- Numbness/Tingling Pain in Buttocks, Legs, Feet, Toes
- Trouble Sleeping
- Under Stress
- Tingling Upper Extremities
- Dizziness
- Fainting
- Headaches

**Cardiovascular**

- Stroke
- Chest Pain
- History of High Blood Pressure
- Heart Problems
- Arteriosclerosis

**Pulmonary System**

- Asthma
- Chronic Obstructive Pulmonary Disease
- Chronic Bronchitis

**Others**

- Autoimmune Disorder
- Cancer
- Diabetes
- Fibromyalgia
- Menstrual Cramps

Areas of Discomfort \_\_\_\_\_

Rate Your Pain Today (no pain) 1—2—3—4—5—6—7—8—9—10 (severe pain)

Rate Your Pain at its Worst (no pain) 1—2—3—4—5—6—7—8—9—10 (severe Pain)

Have You Ever Experienced this Discomfort Before  Yes  No If so, frequency \_\_\_\_\_

Have You Seen Anyone for This Discomfort Before  Yes  No Who \_\_\_\_\_

Diagnosis \_\_\_\_\_ Treatment \_\_\_\_\_

Normal daily activities: \_\_\_\_\_

Do You Regularly Receive a Massage For Stress Relief or Rehabilitation?  Yes  No

If Determined That Massage Therapy Would Help Assist in Correcting Your Problem Would You Like more Information?  Yes  No

Do you have a preference in therapist?  Male  Female  No preference

Since, we are a health care clinic most of the massages performed in our office are therapeutic in nature. This type of massage uses a little deeper pressure in order to address some problematic soft tissue areas. In order to better serve you please read over the list of massages performed in our office and choose the type of massage you would like to receive today.

\_\_**Relaxation Massage**— A light pressure massage, with very little therapeutic value (spa type treatment).

\_\_**Mild Therapy**- It is a combination between a relaxation and deep tissue, this type will still give you some therapeutic benefits.

\_\_**Deep Tissue/Sports**— A deeper pressure massage, focusing on knots, muscle tension, and stretching of tight muscles.

\_\_**Cranial Sacral**— A light pressure massage that provides relief from headaches, neck and back pain, TMJ and more.

\_\_**Carpel Tunnel**— A medium pressure massage that eases the symptoms of carpal tunnel syndrome.

\_\_**Prenatal/Pregnancy**—Reduces pregnancy discomforts, facilitate and shorten labor times

\_\_**Hot Stone**—Form of therapeutic deep tissue, the hot stones warm the muscles creating more blood flow to the muscles making it easier and more comfortable to work surrounding tissue.

**\*\*Any Patient receiving Massage Therapy in the office is required to give a 24 hour cancellation notice, for any scheduled massage appointment. If a 24 hour notice is not given, we reserve the right to charge a \$30 fee for the missed appointment, which will be due before the next massage is received.\*\*** Please initial below that you have read

**Initials** \_\_\_\_\_