SAY WHEN ... MASSAGE THERAPY

(518) 937-3264

CLIENT INTAKE FORM

DATE:		
NAME:		
ADDRESS:		
PHONE:		
EMAIL:		
DATE OF BIRTH:	HT WT	
OCCUPATION:		
EMERGENCY CONTACT:		
RELATIONSHIP:	PHONE:	
PHYSICIAN:	PHONE:	
MEDICATIONS:		
MASSAGE HISTORY:		
GOALS FOR		
MYSSAGE:		

MUSCULOSKELETAL	CIRCULATORY
BONE OR JOINT	HEART DISEASE
TENDONITIS	VARICOSE VEINS
ARTHRITIS	BLOOD CLOTS
TMJ DISORDER	HIGH/LOW BP
OSTEOPOROSIS	PACEMAKER
REPLACEMENTS	LYMPHEDEMA
RESPIRATORY	NERVOUS
ASTHMA	NUMBNESS/TINGLING
COPD	FIBROMYALGIA
SINSUS	MS/PARKINSON'S
CHRONIC BRONCHITIS	SCIATICA
SHORTNESS OF BREATH	SHINGLES
REPRODUCTIVE	SKIN
PREGNANCY	ATHLETE'S FOOT
MENOPAUSE	ECEZEMA
CANCER	SENSITIVITIES
PROSTATE ISSUES	RASHES
DIGESTIVE	URINARY
IBS/COLITIS	BLADDER/KIDNEY
ULCERS	,
CROHN'S/CELIAC	_
CONSTIPATION	- -
OTHER MEDICAL ISSUES/SURGE	RIES

CONSENT TO MASSAGE

Signature:

I understand that the massage provided to me by Julia Corbally-Carson, a licensed massage therapist is for the purpose of stress reduction, pain reduction, relief from muscle tension, and increased circulation.

Massage therapy is a compliment to chiropractic care. I understand that the massage therapist is only licensed to treat issues that are within the boundaries of professional massage therapy. I understand that Massage Therapists are licensed professionals and are bound by the laws, rules and regulations of NYS. A licensed massage therapist does not diagnose illness or disease and does not prescribe medical treatment or medications. Spinal manipulations are not within the scope of massage therapy practices. I understand that massage is not a substitute for traditional medical care.

Date:
Cancellation Policy
It is requested that you give the office 24 hours notice if you are unable to keep your appointment. A fee of \$40.00 will be charged for broken appointments.
Signature:
Date: