

Arise Chiropractic Wellness Center, LLC

Dr. Lisa M. Hinkle

Debbie Couture, LMT

605 N. Bentz Street ~ Suite 103 ~ Frederick, MD 21701

301-662-4220



MASSAGE THERAPY
NEW PATIENT INFORMATION

DATE: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

NICKNAME: _____
(IF DIFFERENT THAN ABOVE)

SPOUSE/SIGNIFICANT OTHER NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____

SEX: _____ MALE _____ FEMALE DATE OF BIRTH: _____

EMPLOYER: _____

TYPE OF WORK: _____

NAME & PHONE # OF EMERGENCY CONTACT: _____

RELATIONSHIP TO PATIENT: _____

REFERRED TO THIS OFFICE BY: _____

FAMILY PHYSICIAN:

NAME: _____

ADDRESS: _____

PHONE: _____

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MASSAGE THERAPY INTAKE FORM

NAME: _____

DATE: _____

Massage History/Treatment Information

Have you ever received a professional massage? ____ Yes ____ No

If yes, frequency: _____

Date of last massage: _____

Are you currently seeing a medical practitioner? ____ Yes ____ No

Doctor's Name: _____

If yes, please explain: _____

May we contact this doctor? ____ Yes ____ No

List regular exercise activities, including frequency: _____

Health History (Do you have or have ever had the following):

| | | |
|-------------------------------|----------------------------------|------------------------------------|
| AIDS/HIV ____ | Blood Clot/DVT ____ | Cancer/Tumor ____ |
| Chronic Fatigue Syndrome ____ | Diabetes ____ | Dislocated Joint ____ |
| Fibromyalgia Syndrome ____ | Heart Disease ____ | Hepatitis ____ |
| Lupus ____ | Neuropathy/Numbness ____ | Stroke ____ |
| Bruise Easily ____ | Chronic Headaches/Migraines ____ | Other Autoimmune Disease: _____ |

If you have checked off any of the above, how long ago were you diagnosed, what treatment or therapies are you currently undergoing? _____

Please list all medications you are currently on: _____

Please list all surgeries in your lifetime: _____

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MASSAGE THERAPY OFFICE POLICIES & CONSENT:

We offer four massage appointment time lengths with corresponding fees:

- For a 30-minute massage our fee is \$50.00
- For a 45-minute massage our fee is \$60.00
- For a 60-minute massage our fee is \$75.00
- For a 90-minute massage our fee is \$110.00

All fees are to be paid at the time services are rendered. We accept cash, check, Visa, Master Card and Discover.

****PLEASE NOTE**** 24 hour cancellation notice is required for all appointments that cannot be kept. If an appointment is missed without due notice, you will be charged the full fee of the scheduled appointment time.

If you feel that you are coming down with an illness, please take care of yourself and reschedule. You should feel better for three full days before coming in for a massage. *No matter how minor your cold or flu may seem, it can be aggravated by massage, and you may potentially spread your illness.* You will not be charged for less than 24 hour notice in this circumstance.

Please read and sign our Massage Informed Consent:

It is my choice to receive massage therapy. I realize that the treatment is being given for the well being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, increase in circulation and energy flow. I agree to communicate with my practitioner if I feel my health is being compromised at any time.

I understand that massage practitioners do not diagnose illness, disease or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. I acknowledge that massage is not a substitute for medical examination, and that it is recommended that I see a primary health care provider for diagnosis of conditions.

I have stated all medical conditions that I am aware of and will inform the massage practitioner of any changes in my health status as they arise.

I have read and understand the above terms:

Signature of Patient

Date

Signature of Witness

Date