

PERSONAL HEALTH INFORMATION

MASSAGE HISTORY/TREATMENT INFORMATION

Patient Name: _____ Date: _____

Have you ever received a professional massage? Yes___ NO___

If yes, frequency_____ Date of last massage_____

What results do you want from your massage sessions?

Prioritize the areas of your body that you would prefer to be massaged:

Please check that areas of your body that you give permission to receive massage:

Back___ Legs___ Buttocks___ Arms___ Abdomen___ Chest___ Neck___

Head ___ Face___ Other_____

Typically what type of pressure do you prefer when getting a massage treatment?

Light _____ Medium_____ Deep _____

Are you currently seeing a medical practitioner or chiropractor? Yes___ No___

Please explain if yes_____

List stress reduction and exercise activities, include frequency _____

List current medications, including aspirin and ibuprofen, etc: _____

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 included stress reduction, relief form muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised.

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

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

Signature: _____ Date: _____

Body Balance Chiropractic

Massage Policies & Procedures

Appointments: Massage appointments are scheduled in 15, 30, and 60 minute sessions. We ask that you arrive 10 minutes before your scheduled appointment. This extra time will allow for time to use the restroom, get a drink of water, get ready for your massage, or whatever is necessary before your scheduled time.

Tardiness: If you are running late for your appointment we ask that you give our office a phone call so we are able to accommodate you and our other clients. If you are running late for your appointment, for every minute you are late a minute will be deducted from your massage that day. Since massages are booked in consecutive blocks it is important to be on time so to not conflict with other's appointments.

Cancellation & No-Show: There is a high demand for the massage times, especially in the evening. We reserve the right to charge a **\$20.00 fee each time** when 24 hour notice is not given for a cancellation or when you do not show up for your scheduled appointment. This fee will be donated to the Circle of Concern at the end of the year.

Insurance: You will be required to pay for your massage at the time of service. We typically do not submit your massage to the insurance company, because they generally do not cover this treatment. However, there are selected insurance companies that may contribute to this treatment. We will advise you at the time of your massage if we feel it would benefit you. If your insurance company pays for a portion of your massage, a reimbursed amount will be applied as a credit to your account. This credit can only be used toward your next massage. If the insurance company denies the claim there will be no credit applied to your account. ** Insurance companies that will not cover massage: GHP, Blue Cross Blue Shield, & Anthem.

Massage hours are as follows:

Monday: 8am – 12pm & 2pm – 6pm

Tuesday: 1pm – 3:30 pm

Wednesday: 8am – 12pm & 2pm – 6pm

Thursday: 7:30am – 12pm & 2pm – 6pm

Signature: _____ Date: _____