PATIENT INFORMATION

Reset Form

NAME _____ PHONE ( ) _____ BIRTHDATE _____

ADDRESS/ CITY/ STATE/ ZIP _____

AGE _____ ☐Male ☐Female OCCUPATION _____ WORK PHONE ( ) _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE ( ) _____

PHYSICIAN _____ How did you hear about us? _____

CURRENT HEALTH: General and Medication Information

Are you basically in good health? ☐Yes ☐No Has there been a change in your health in the past year? ☐Yes ☐No

If YES, please explain _____

Have you ever received massage therapy or any form of bodywork before? ☐Yes ☐No

What is your primary concern or goal for today's session? _____

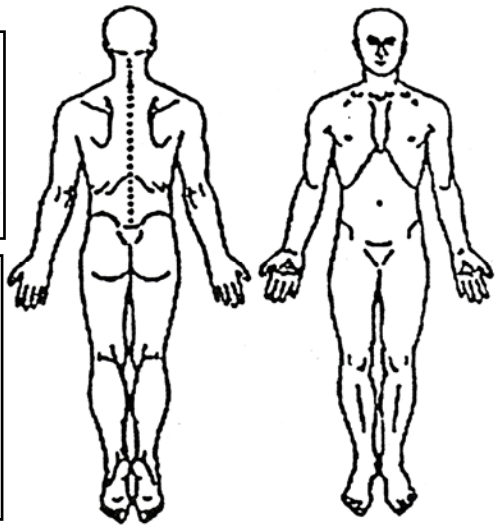
Please take a moment to carefully read the following questions and answer as indicated. If you have a specific medical condition or specific symptom, massage/bodywork may be contraindicated. A referral from your primary care provider may be necessary before service can be provided.

If you answer "YES" to any of these questions, please explain on the reverse side of this form.

Yes☐	No☐	Do you have any allergies/sensitivities?
Yes☐	No☐	Do you wear contact lenses?
Yes☐	No☐	Do you suffer from arthritis or joint swelling?
Yes☐	No☐	Do you have osteoporosis?
Yes☐	No☐	Do you have diabetes?
Yes☐	No☐	Do you have epilepsy or seizures?
Yes☐	No☐	Do you have any cardiac or circulatory problems including any heart conditions or blood clots?
Yes☐	No☐	Do you have difficulty breathing, or have asthma?
Yes☐	No☐	Do you have cancer or any tumors/cysts?
Yes☐	No☐	Are you pregnant or nursing?
Yes☐	No☐	Do you have any infectious or contagious diseases?
Yes☐	No☐	Have you had any broken bones in the past 2 years?
Yes☐	No☐	Have you been in an accident or suffered from any injuries in the past 2 years?
Yes☐	No☐	Do you suffer from claustrophobia?
Yes☐	No☐	Is there any other medical condition I should know about?

list for Back of body:

list for Front of Body:



Circle or mark with an 'x' areas of pain or injury or where you had previous surgery or problems

Please list all medication (including non-prescriptions) you currently take:

None if none _____

CONSENT FOR CARE: It is my choice to receive massage therapy with Christine Graham - Massagebee Sports and Wellness Therapy. I am aware of the benefits and risks of massage and give consent for massage. I understand there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. 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, or other qualified medical specialist for any ailment that I am aware of. I understand the massage/bodywork practitioners are not qualified to perform chiropractic adjustments, diagnose, prescribe, or treat any physical and 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 of the practitioner's part should I fail to do so.

CLIENT SIGNATURE _____ DATE _____

Massagebee Sports and Wellness Therapy

167 S State Street, Suite 130 • Westerville, OH • 614.204.7392

Client Polices

1. All new clients are required to complete the new patient forms. Please fill it out, print it and bring it with you.

2. Please arrive a few minutes early to discuss the new patient form or if time is needed to complete the new patient info form. If you are unable to print it ahead of time, I have copies at the office you can fill out.

3. I strive to give every client a full session of time with “hands on” attention that does not include paperwork, but late arrivals are counted into your scheduled session from when it was supposed to start.

4. I will try to accommodate late arrivals, as I understand life can throw anyone a curve ball. But if another client is scheduled after you, I cannot impinge on their time.

5. Please give me 24 hours notice if you are unable to make your appointment. I understand that life situations do come up and strive to take that into account for cancellations of less than 24 hours notice.

6. Clients that routinely cancel late or are a “no show” MAY be required to prepay for their next appointment. Another client may have been able to been accommodated during a scheduled “no show” time.

7. Clients that cancel with less than 24hrs notice or “no show” MAY be charged 50% of the cost of that missed appointment

8. All prepaid appointments, gift certificates and package deals are nonrefundable and have no cash value. They can be used for the items I have for sale in the office such as foam rollers, biofreeze, and eucalyptus. Please notify me if you would like to do this and we can make arrangements for a time for you to pick something out. I cannot ship.

9. If you hold a prepaid appointment or gift certificate and cancel with less than 24 hours notice or you are a “No Show”, you MAY have forfeited the value of that appointment or gift certificate.

10. All individuals under the age of 18 require a parent present in the room at all appointments

11. Requests for client records by third parties may be charged in accordance to the rules set forth in ORC3701.741 Fees for providing copies of medical records.

Signature _____ Date _____

Printed Name _____