



Freedom
Chiropractic Health Center

Massage Client Intake Form

Date: _____

Name: _____ Male ___ Female ___ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Can a message be left at this number? ___ Yes ___ No

Occupation: _____

Hobbies/Sports/Most frequent activities: _____

What is the goal of your visit? (Example: Reduce pain, Reduce stress, etc.)

Have you ever experienced a professional massage/bodywork session? ___ Yes ___ No

Are you a patient at Freedom Chiropractic? ___ Yes ___ No

Did another doctor refer you for massage? ___ Yes ___ No

If Yes, who? _____ (We'll need a copy of the referral)

If No, how did you hear about me? _____



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GENERAL & MEDICAL HISTORY

Are you currently under the care of a health practitioner (including chiropractor) for any reason? Y / N

If yes, please explain:

If on medication, please list and explain: _____

Please check any that apply & explain:

Allergies

Infection

Fever

Herniated/bulging disc

Cancer

Seizures

Arthritis

Influenza

Fractures or Injuries

High/Low Blood Pressure

Cardiac problems

Skin conditions

(Circle one)

Open cuts or sores

Headaches/Migraines

Blood clots

Diabetes

Surgeries

Immune system disease

Pregnant

Blood or lymph disease

(How far along? _____)

Do you have any other conditions? If so, please explain. _____

Do you have sensitivity to fragrances? If so, which ones? _____



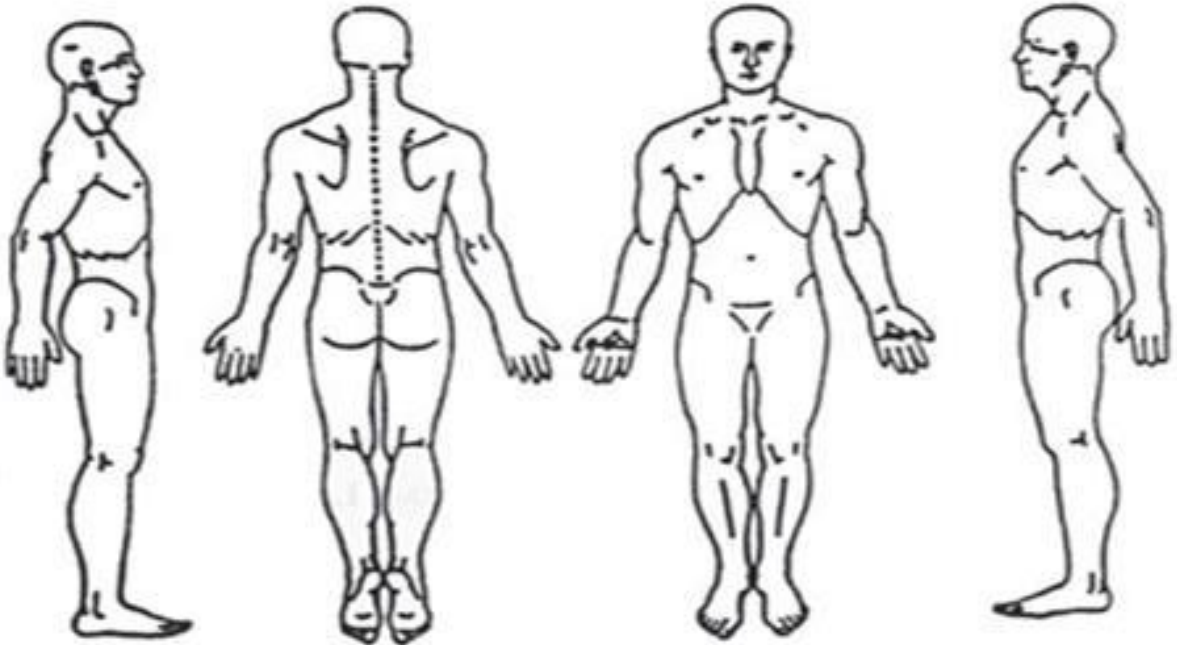
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Please indicate current problem areas in your body by marking letters from the key on the diagrams below.

Key:

- P Areas of pain and/or tenderness
- N Areas of numbness and/or tingling
- S Stiff joints and/or muscle stiffness
- I Scars, past surgeries, bruises and/or wounds



OFFICE USE ONLY:

Client Preferences: _____

Pressure: Light ----- Medium ----- Firm



Massage Therapy Informed Consent

I understand massage therapy provided by Jennifer Weisser is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. If any pain or discomfort is experienced, I will immediately inform the massage therapist so that the pressure can be adjusted.

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. Massage therapy/bodywork should not be performed if I have certain medical conditions; therefore, I affirm that I have stated all known medical conditions and answered all questions honestly.

Client's Printed Name

Client's Signature

Date

I hereby acknowledge receipt of the Client Bill of Rights and understand my rights as a client.

Client's Signature

Date



Complementary and Alternative Health Care (Client Bill of Rights)

Your Massage Therapist, Jennifer Weisser, received training in massage from Globe University in Moorhead, MN. She has received her state licensure in November 2015 and is a member of ABMP.

“THE STATE OF NORTH DAKOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

UNDER NORTH DAKOTA LAW, AN UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER MAY NOT PROVIDE A MEDICAL DIAGNOSIS OR RECOMMEND DISCONTINUANCE OF MEDICALLY PRESCRIBED TREATMENTS. IF A CLIENT DESIRES A DIAGNOSIS FROM A LICENSED PHYSICIAN, CHIROPRACTOR, OR ACUPUNCTURE PRACTITIONER, OR SERVICES FROM A PHYSICIAN, CHIROPRACTOR, NURSE, OSTEOPATH, PHYSICAL THERAPIST, DIETITIAN, NUTRITIONIST, ACUPUNCTURE PRACTITIONER, ATHLETIC TRAINER, OR ANY OTHER TYPE OF HEALTH CARE PROVIDER, THE CLIENT MAY SEEK SUCH SERVICES AT ANY TIME.”

Massage is a specific manipulation of soft tissue to decrease muscle tension and pain, increase range of motion and circulation, and reduce stress; all which promotes a healthy and balance well-being.

As a client, you have a right to a reasonable notice of changes in services or charges, which will be posted at the front desk. Fees are due at the completion of each visit cash or checks made payable to Freedom Chiropractic Health Center. Will bill insurance for massage specifically for Motor Vehicle Accident; all other insurances or situations are clients' responsibility.

You have the right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the services to be provided. Your records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by you, the client, or otherwise mandated by law. You are allowed access to your records as provided for in accordance with North Dakota Statutes.

As a client, you have the right to choose freely among available practitioners and to change practitioners at any time. You have the right to a coordinated transfer when there will be a change in the provider of services. You have the right to search for other services in the community and your practitioner will help you find that information. You have the right to refuse services or treatment, unless otherwise provided by law and you may assert these rights without retaliation.

You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner. You have the right to refuse treatments or services at any time during a massage session.

If you have a complaint, it may be directed to Jake Schmitz, DC and owner of Freedom Chiropractic Health Center. Phone number 701-356-3242.