



Therapeutic Massage and Integrative Bodywork- New Patient Intake

First Name: _____ Last Name: _____

Sex: Male / Female ---Pregnant: Yes / No ---Above 18: Yes / No ---In Extreme Pain: Yes / No

Date of Birth: _____ Status: Single / Married / Divorced / Widowed

Occupation: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Referred By: _____

Mobile Phone: _____ Alternative Phone: _____

Emergency Contact & Phone: _____

When Was Your Last Therapeutic Massage?

Within 1- 4 Months / Within 6- 24 Months / More than 2- 4 Years / Never Had Therapeutic Massage

Have You Had A Specialized Deep Tissue, Sports or Medical Massage Before? Yes / No

Are You Comfortable With Firm To Deeper Pressure? Yes / No / Maybe or Not Sure

Are You Comfortable Having Bodywork Applied To The Following Areas? (Check All That Apply)

Gluteal Muscles / Pectoral Muscles / Scalp / Face / Abdomen / Feet

What Is The Purpose of Your Visit? (Check All That Apply)

Sports Related / Rehabilitation / Post-Operative Care / Injury / Pain Management / Relaxation
Pre-Natal / Fitness & Health Maintenance / Personal Wellness Regimen / Stretching / Flexibility /
Range Of Motion / Circulation / Reduce Scar Tissue / Strengthening & Conditioning

What Are Your Primary Areas Of Pain and/or Tension? _____

How Long Have You Experienced This Pain/ Tension? _____

What Do You Believe Is Causing The Pain/ Tension? (Check All That Apply)

Sitting Long Hours / Standing Long Hours / Past Injury / Recent Injury / Body Alignment Posture
Athletic Training / Athletic Injury / Athletic Recovery / Sleeping Position / Insomnia / Stress

Diagnosed Pathology or Health Issue (Please Specify) _____

Are You Currently or Have You Previously Been Treated For This Pain/ Tension? Yes / No

If Yes, Please Specify Treatment: _____

How Do You Desire To Allocate Your Time? Focus Only On Area of Pain or Tension

Upper-Body Only / Lower-Body Only / Full-Body: Targeted Focus Full-Body: All-Over Focus



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How Often Do You Exercise? Daily- 5 Times Per Week / 2-4 Times Per Week / Weekly / Inconsistent

What Activities Do You Do For Exercise? _____

Circle 1 to 3 Areas of Priority:



Are You Currently Being Treated For A Serious Health Condition? Yes / No

If Yes, Please Explain: _____

Health History- Check All That Apply And Please Explain:

<input type="radio"/> Allergies:	<input type="radio"/> Infections:
<input type="radio"/> Arthritis:	<input type="radio"/> Injuries:
<input type="radio"/> Blood Clots:	<input type="radio"/> Immune System Deficiencies:
<input type="radio"/> Blood Pressure Condition:	<input type="radio"/> Lupus:
<input type="radio"/> Cancer:	<input type="radio"/> Medications:
<input type="radio"/> Chronic Pain:	<input type="radio"/> Reproductive Issues/ Pain:
<input type="radio"/> Diabetes:	<input type="radio"/> Skin Conditions:
<input type="radio"/> Depression/ Anxiety:	<input type="radio"/> Strokes:



<input type="radio"/> Fibromyalgia:	<input type="radio"/> Surgeries:
<input type="radio"/> Headaches:	<input type="radio"/> Varicose Veins:
<input type="radio"/> Heat Sensitivity:	<input type="radio"/> *Pregnancy Issues*:
<input type="radio"/> Heart Problems:	<input type="radio"/> Other:

Additional Paperwork Required: Pre-Natal, Post-Surgical, Minors (Under 18)

I HEREBY VERIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Patient Signature: _____ **Date:** _____

Therapeutic Massage and Integrative Bodywork- Patient Agreement & Policies

HIPPA Regulations Require The Following Signed Authorization:

I, (Name): _____

Understand that Therapeutic Bodywork and Integrative Massage are techniques of soft tissue manipulation, used for the purpose of detoxification, stretching, athletic training, relief from muscular pain & tension, improvement in circulation, reduction of scar tissue, general relaxation or a purpose as recommended by a medical professional. Therapeutic Bodywork and Integrative Massage sessions are customized to the patient’s specific healthcare needs and wellness goals. Bodywork and Massage is not a substitute for a medical examination or a professional medical diagnosis. The practitioner does not diagnose illness, disease or any other physical or mental ailment.

I have accurately stated my known medical conditions on the “Therapeutic Bodywork and Integrative Massage New Patient Intake” form and I will take it upon myself to keep the practitioner updated about my health.

I understand that Therapeutic Bodywork and Integrative Massage sessions are booked for 60 minute slots and 90 minute slots, with **50 minutes of hands-on service for a 60 minute session and 80 minutes of hands-on service for a 90 minute session.** The additional 10 minutes within the 60 or 90 minute session is allotted for other elements of the service, including but not limited to 1.) A verbal pre-therapy consultation 2.) A post-therapy regimen plan 3.) Recommendations for post-therapy stretching and self-care 4.) Time for the patient to disrobe and re-robe 5.) Time for the practitioner to turn-over the therapy room before the next appointment.

I understand that Therapeutic Bodywork and Integrative **Massage has the potential to induce moments of pain during the session and could possibly cause soreness for 1 or 3 days after the session.** Pain during the massage is usually experienced on “trigger points”, on tender or tight areas of soft tissue, or on or around the sight of an injury. Factors such as an individual’s familiarity with bodywork, an individual’s fitness level, the amount of pressure applied, and the technique of bodywork used, all play a role in determining if and how much soreness one may experience.

I give permission for the practitioner to take notes about my condition; including health history, medical information and personal information. I understand the information I provided will be kept confidential and the information will not be



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released without my consent. I understand that **Bodywork and Massage services are administered under the ethical standards of practice as outlined by the NCBTMB certification board.** The practitioner maintains the right to terminate a Bodywork and Massage session at will, if it seems that a patient is acting inappropriately.

I understand **it is standard industry practice to “tip” the Bodywork & Massage practitioner** after the completion of a service. Although it is never required, gratuity is greatly appreciated by the practitioner to subset additional costs such as ambiance, laundry service, lotions/ massage products and therapy room maintenance. Bodywork & Massage practitioners are usually tipped between 15% to 25% on the price of the service based on the individual’s evaluation of the quality of service and care.

I understand my appointment time is reserved exclusively for me. Patients are responsible for remembering their appointments. **There is a 24 hour cancellation policy.** As per the cancellation policy, I Ballston Chiropractic to charge my credit card on file or bill me for the full price of a missed appointment or an appointment cancelled with less than 24 hours’ notice.

Patient Signature: _____ **Date:** _____