

North County Family Chiropractic Massage Intake Form

Name: _____ Date of Birth: _____ Date: _____

Street Address: _____ Referred By: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____ Employer: _____

Name of Spouse/Significant Other: _____ Marital Status: [Single] [Married]

Emergency Contact Name & Phone: _____

Are you a chiropractic patient here? [No] [Yes, Dr. Ivana Nedic] [Yes, Dr. Cameron Sutter]

Have you ever had a professional massage? [No] [Yes]

What are your goals for your session? _____

Present Symptoms: _____

Are you under medical/therapeutic treatment? [No] [Yes] – What? _____

Please list medical provider's name & phone: _____

List any medications (including aspirin) and nutritional supplements you are taking: _____

Specify any allergies: _____

Please list any comments regarding your health or any emotional stresses you may be dealing with: _____

Do you have any communicable or infectious conditions? [No] [Yes] – What? _____

Are there any injured area or conditions, such as bruises, cuts, sores, abnormal blood pressure, blood clots or cancer, that may be aggravated by massage? [No] [Yes] – What? _____

Do you like aromatherapy (*i.e. scented oils*)? [No] [Yes]

Do you have any allergies to fragrances of flowers? [No] [Yes]

In undertaking a massage at North County Family Chiropractic, I (print name) _____

Agree that: *The purpose of the massage is to provide stress relief, pain control and relax. The therapist will not treat, prescribe or diagnose an illness, disease or any other physical or mental disorder. Nothing said in the course of a massage session should be misconstrued to be such. I understand that a massage involves having my body touched. I hereby authorize the therapist to perform massage. I understand that any relief of physical or emotional symptoms is the product of processes, which reside within me. The power to heal comes from within. I understand that I am responsible for my emotions, feelings, body and belongings and the therapist is responsible only for giving a massage. Control of the session is always mine and I can stop it at any time. In the spirit of this understanding, I agree to hold North County Family Chiropractic and its employees blameless from any problem which may arise as a result of my massage.*

I have read, understand, and agree to the above.

Signature: _____ Date: _____