



INTAKE FORM

Name _____ Phone # _____

Address _____

Occupation: _____ Birthday _____

If referred by someone, who? _____

Massage History

Have you had a professional massage before? Yes | No

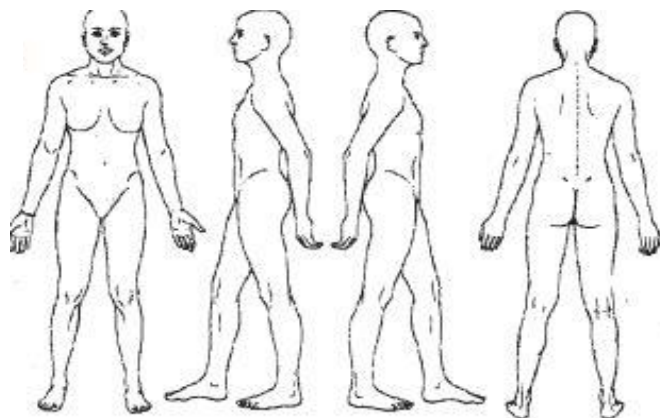
If yes, how long ago was your last session? Week(s) | Year(s) | Month(s) | Year(s)

What type of session are you seeking today? Swedish (relaxation) | Deep tissue | Trigger point | Sports

Which of the following areas are you comfortable with having worked on?

Gluteal region | Pectoral region | Feet | Face | Scalp

On the chart, please mark any specific areas that you'd like concentrated on during your session:



Medical History

To give a message that is safe, some general information about your medical history is needed. Please check any condition listed below that applies to you:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> congestive heart failure | <input type="checkbox"/> dizziness | <input type="checkbox"/> epilepsy | <input type="checkbox"/> diabetes | <input type="checkbox"/> autoimmune disorder |
| <input type="checkbox"/> heart disease | <input type="checkbox"/> hearing loss | <input type="checkbox"/> seizures | <input type="checkbox"/> digestive condition | <input type="checkbox"/> lyme disease |
| <input type="checkbox"/> low blood pressure | <input type="checkbox"/> vision loss | <input type="checkbox"/> sensory loss | <input type="checkbox"/> scoliosis | <input type="checkbox"/> athletes' foot |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> jaw pain | <input type="checkbox"/> multiple sclerosis | <input type="checkbox"/> budged vertebral disc | <input type="checkbox"/> allergies |
| <input type="checkbox"/> history of heart attack | <input type="checkbox"/> headaches \ migraines | <input type="checkbox"/> sciatica pain | <input type="checkbox"/> herniated vertebral disc | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> history of stroke | <input type="checkbox"/> artificial joint | <input type="checkbox"/> numbness \ tingling | <input type="checkbox"/> cancer | <input type="checkbox"/> other |
| <input type="checkbox"/> thrombosis | <input type="checkbox"/> surgical pin \ wire | <input type="checkbox"/> asthma | <input type="checkbox"/> fractured or broken bone | |
| <input type="checkbox"/> pacemaker | <input type="checkbox"/> bursitis | <input type="checkbox"/> sinusitis | | |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> tendonitis | | | |

Are you currently on medications for the conditions above? Yes | No

Have you experienced any major accidents or falls in the past year? Yes | No

Have you had any surgeries? Yes | No If yes, what? _____

If you've had an accident or recent surgeries, are you still under medical supervision from your doctor? Yes | No

*Please turn over to sign informed consent.

Informed consent and Policy Agreement

Massage therapy sessions are provided for the basic purposes of relaxation and relief of muscular tension. If I experience any type of pain or discomfort during the session, I'll tell Elizabeth so the pressure being used can be adjusted to my level of comfort. I further understand that massage is considered a luxury; massage therapy is not a substitute for medical care. Massage therapists do not provide medical diagnosis, treat medical conditions, prescribe medications, treat physical or mental illness, or provide spinal manipulations. If I need medical attention, I should seek care from my primary care physician, my chiropractor, or other qualified medical specialist. I understand that massage therapy promises no long-term cure, nor will it alleviate my healthcare issues. I understand that massage therapy should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all questions honestly. Furthermore, I understand that there is no way to know how my body will react after receiving a massage. Massage does involve risks not limited to dehydration, sore muscles, muscular tenderness, dizziness, lightheaded muscle spasms, bruising, headaches etc. All the symptoms that have been listed are common to experience after a therapeutic massage session. Please note that some medications can cause an adverse effect; in some cases, if certain medications are being used your session may need to be altered or cancelled. In the unlikely event of an emergency arising during your session, you understand and agree that medical related costs will be your full responsibility. I, again give my full consent and willing participation to receive massage therapy knowing all possible risk involved. I hereby waive and release Elizabeth Khan and Khan Chiropractic of all claims of negligence, injuries, damages, or losses that may occur during or after my massage session(s).

Appointment times are reserved for each client, Elizabeth is unable to exceed that reserved time frame without making the next client late, for this reason late arrival will result in a loss of time during your session. If you're aware that you'll be running behind, please contact us. If we don't not receive notice from you, you'll be considered a no call no show. Late arrival will still result in the full-service fee being applied, no discounts. If Elizabeth is running behind, she'll alter the price accordingly. Cancellations, please provide twenty-four hours' notice for rescheduling or canceling your appointment. In the case of a no show or last-minute cancellation you'll be asked to cover fifty percent of the service fee the first time this occurs. The second time this happens, you'll be asked to cover the full-service fee. If this becomes habitual, you'll be asked to find another provider. Elizabeth holds the right to have a card on file in the case of cancellation. Life happens, in the case of an emergency or inclement weather a charge will generally not be applied.

Massage therapy services by Elizabeth will be the patient's responsibility; these services will not be billed into insurance. Massage is considered an unnecessary service to insurance companies and is often not covered. If you attempt to bill your insurance company for massage therapy services rendered by Elizabeth this is considered fraud. If this happens, Elizabeth Khan, Khan Chiropractic, Dr. Khan, and your insurance company hold the right to bring legal action against you at your cost, including sheriff, lawyer, and court fees. In the case of this happening all services, including chiropractic, will be terminated immediately. Payment is expected at the time of service. If you're unable to do so, please talk to Elizabeth prior to your appointment to arrange a payment plan. Payments can be made via local check, cash, or card.

Lastly, any type of insulation, joke, gesture, conversation, or request that is sexual in nature will result in immediate termination of your session and refusal of any future care. You'll be held accountable for payment of the session regardless of termination; Furthermore, Elizabeth holds the right to take legal action against you.

If you understand and agree to all the information provided above, please sign below and let's start your session!

Signature: _____ Date: _____