Neuro Renovations Chiropractic

Initial Application for Massage Therapy

Today's Date: _______/________/_______________ Account Number: ___________________

PATIENT DEMOGRAPHICS

Name: ____ Birth Date: ______/______/________ Age: _______ ☐ Male ☐ Female
Address: ____ City: __________________________________ State: _____ Zip: ___________
E-mail Address: _____________________________________ Phone #: _________________________
Emergency Contact Name/ number: ______________________________/______________________ Relationship: ____________________
Primary care physician ____ Doctor's Phone_______________________________________
How did you hear about our office? ____

Medical Information

Are you taking any medications (including over-the-counter painkillers)? ☐ yes ☐ no
If yes, please list name and use: ____
____

Are you currently pregnant? ☐ yes ☐ no
If yes, what term? ____

Do you suffer from chronic pain? ☐ yes ☐ no
If yes, please describe ____

Have you had any orthopedic injuries? ☐ yes ☐ no
If yes, please list region and date of occurrence ____

Please indicate any of the following that apply to you

☐ Arthritis ☐ Blood Clots ☐ Diabetes
☐ Fibromyalgia ☐ Headaches/Migraines ☐ Heart Attack
☐ High/Low Blood Pressure ☐ Joint Replacement(s) ☐ Kidney Dysfunction
☐ Neuropathy ☐ Numbness ☐ Sprains or Strains
☐ Stroke ☐ Cancer (please list type & treatment)

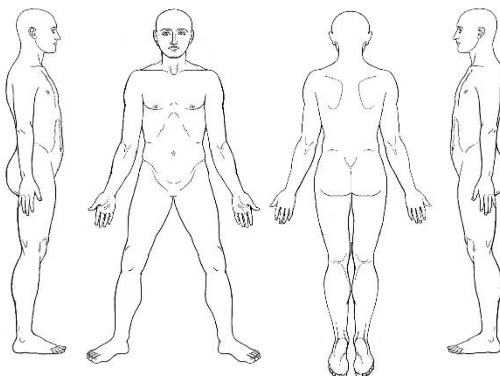
____

Please describe last occurrence of any conditions marked above ____
____
____
____

Massage Information

Have you had a professional massage before? ☐ yes ☐ no
Do you have allergies or sensitivities? ☐ yes ☐ no
If yes, please explain ____
Are there any areas (feet, face abdomen, etc) you do not want massaged? ☐ yes ☐ no
What are your goals for this treatment session? ____
____

Please circle any areas of discomfort



By signing below, you agree to the following:
I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Patient/Guardian Signature ______________________________

Date ______________________________