SPINALWORKS MEDICAL GROUP
MASSAGE THERAPY INTAKE FORM

Section 1

(If you are already a patient at Spinalworks Medical Group, please proceed to section 2)

Name_____ DOB _____ Today's Date _____

Address_____ City, State Zip_____

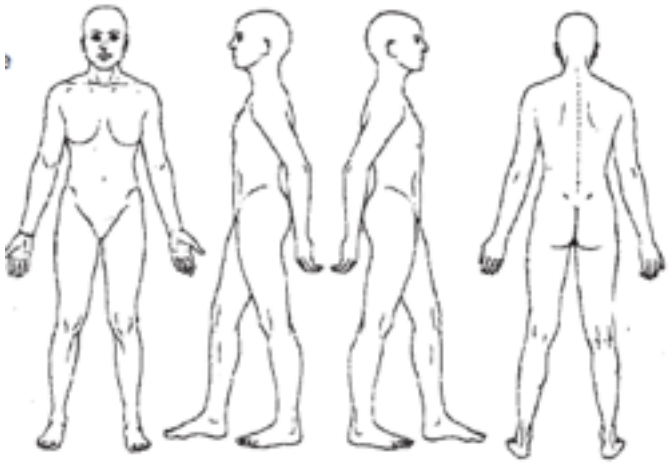
Email_____ Phone _____ Occupation_____

Occasionally we will need to contact you by email or text message about changes to your appointment or appointment reminders. Can we contact you using these methods? ❑Yes ❑No _____(Initials)

Section 2

1. Have you had a professional massage before? ❑Yes ❑ No
2. Do you have any difficulty lying on your ❑Back ❑Side ❑Stomach
3. Do you have any allergies to ❑Nuts ❑Oils ❑Lotions
4. Do you have sensitive skin? ❑Yes ❑No
5. Are you wearing ❑Contact lenses ❑Dentures ❑A hearing aid
6. Do you sit for long hours at a workstation, computer, or driving? ❑Yes ❑ No
7. Do you experience stress in your work, family, or other aspect of your life? ❑Yes ❑ No
8. Is there a particular area of the body where you are experiencing tension, stiffness, pain, or other discomfort? Please explain

Circle any specific areas that you would like the Massage Therapist to concentrate on during the session



Medical History

9. Are you pregnant? ❑Yes ❑No If yes, please see INFORMED CONSENT
10. Do you currently see a chiropractor? ❑Yes ❑ No
11. Are you currently taking any medication? ❑Yes ❑ No

Please check any condition listed below that applies to you:

- ❑ Contagious skin condition
- ❑ Deep vein thrombosis/blood clots
- ❑ Recent accident or injury
- ❑ Epilepsy
- ❑ Artificial joint
- ❑ Diabetes
- ❑ Swollen glands
- ❑ Phlebitis
- ❑ Easy bruising
- ❑ Osteoporosis
- ❑ Recent surgery
- ❑ Cancer
- ❑ Current fever
- ❑ Fibromyalgia
- ❑ Open sores or wounds
- ❑ Joint disorder/RA/OA/Tendinitis
- ❑ Recent fracture
- ❑ Headaches/migraines
- ❑ Sprains/strains
- ❑ Decreased sensation
- ❑ Allergies/sensitivity
- ❑ HBP/LBP
- ❑ Carpal Tunnel Syndrome
- ❑ Tennis elbow
- ❑ Varicose veins
- ❑ Atherosclerosis
- ❑ TMJ Issues
- ❑ Heart Condition

Cancellation/Reschedule/No Show/Appointment Policy

Cancellation/Reschedule Policy: Cancellations or rescheduled appointment must be done 24-hours prior to their appointment time. You will not be charged for you session if done 24-hours prior.

No Show Policy: No shows will be charged a 50% service fee of their full session. (Example: a $60 massage no show would be charged $30).

Appointment Policy: In order to be scheduled for your massage, you must place a valid credit card on file prior to your appointment. There is a limited number of appointment slots throughout the day, and no-show appointments take up time that the massage therapist could be treating another client, for this reason, your credit card is put on file.

Informed Consent

I hereby request and consent to the performance of massage therapy by the therapist/technician named below or other therapists/technicians at Spinalworks Medical Group. Massage in general provides benefits of stress reduction, relief from muscular tension, spasm, or pain, and it increases circulation and energy flow. I understand that massage therapists/technicians do not diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments. I am aware that therapeutic massage is not a substitute for medical examination and I will seek health care for those services. I accept that massage promises no long-term results nor will it cure my health problems. The therapist must be aware of all health conditions due to certain contraindications or cautions for massage. I have disclosed all such conditions. I will also update any changes to my health in future sessions.

If at any time during the massage the client or therapist/technician is uncomfortable for any reason, they shall immediately say so.

Sexual advances of any kind will not be tolerated.

Children are not permitted in the massage room and must have childcare provided for them during the massage. Spinalworks Medical Group does not provide childcare services

Pregnant Women

If you are in the first trimester of your pregnancy, please inform the staff or Massage Therapist before your massage. **We DO NOT offer massages for pregnant women in their first trimester.** Once you are out of your first trimester, you are able to receive a massage with a valid Doctor's note.

I have received and read written information concerning the possible benefits of massage therapy during pregnancy. I verify that I am experiencing a low risk pregnancy, and I have stated all my known medical conditions. I am aware that massage cannot be given during the first trimester of pregnancy.

Insurance

Massage Therapy is a voluntary service provided at Spinalworks Dallas. It is not prescribed by the Doctor and not deemed medically necessary. For this reason, Insurance will not cover massage therapy, as it only covers the service if it is a medically necessary service.

Massage Therapy is a non-billable service, and office fees will apply.

I understand that my massage is not billable to insurance due to it being a non-medically necessary service.

By signing, I have read an understand the cancellation and no-show policy, the informed consent, the pregnancy policy, and the insurance policy outlined on this form.

Client Signature _____ Date _____