Massage Therapy Patient Registration

Patient Information

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Email: _____
Emergency Contact: _____ Phone: _____

Reason for your visit today: _____
Is your visit related to: Auto Accident ☐ Employment ☐ Other Injury ☐
If so, date of Injury/Accident: _____
Claim Number: _____ Adjuster Phone: _____

Health & Medical Information:

Are you currently under a doctor's care as a result of this injury? Yes ☐ No ☐
Are you currently taking any medications? Yes ☐ No ☐
If so, what medications are you currently taking? _____
Have you incurred any serious injuries in the past 3 years? Yes ☐ No ☐
If yes, please specify: _____
Are you currently pregnant? Yes ☐ No ☐
Have you had a massage in the past? Yes ☐ No ☐
If yes, when was your last massage? _____
Which type of pressure do you prefer? Very light ☐ Light ☐ Medium ☐ Deep ☐
Are you a smoker? Yes ☐ No ☐
Are there any health issues that could affect your massage today? Yes ☐ No ☐
If yes, please explain: _____

Have you experienced, or are you currently experiencing, any of the following?

☐ Allergies (nut, seed)	☐ Digestive Problems	☐ Migraines/Headaches	☐ Seizures
☐ Arthritis	☐ Dizziness	☐ Neck/Shoulder Pain	☐ Swelling
☐ Asthma	☐ Feeling cold/hot	☐ Numbness/Tingling	☐ Tissue Damage
☐ Circulatory Problems	☐ Low/High BP	☐ Respiratory Problems	☐ TMJ
☐ Diabetes	☐ Lymphatic Problems	☐ Sciatica	☐ Trouble Sleeping

I hereby authorize Bothell Chiropractic & Wellness, and whomever they may designate as his/her assistant(s), to administer care as he/she deems necessary.

SIGNATURE: _____ **DATE:** _____

Massage Therapy Cancellation Policy

Because we wish to have as many patients as possible benefit from neuromuscular massage, the following policy has been adopted:

PATIENTS WHO MISS APPOINTMENTS OR GIVE LESS THAN 24 HOURS NOTICE FOR MISSED APPOINTMENTS WILL BE PERSONALLY BILLED HALF THE FEE FOR THE MASSAGE SESSION.

A missed appointment cannot be billed to your insurance company. No further massages can be scheduled until the fee has been paid.

Also please note that on most nights the day before your massage appointment you will receive a courtesy call to remind you of your appointment. Although this is a courtesy reminder, you are still responsible for keeping your appointment time if this call is not made or if not received by you.

Thank you for cooperating in this matter and allowing us to provide quality professional services for all our patients.

I understand the above and agree to the terms concerning canceling and rescheduling appointments for massage therapy.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

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