



# Arc of Life Chiropractic

## Massage Therapy

### CLIENT INTAKE QUESTIONNAIRE

This questionnaire is designed to familiarize me with your past and present medical history. If you have a specific medical condition or specific symptoms, massage or bodywork may be contraindicated. A referral from your primary care provider may be required prior to massage.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

#### MEDICAL HISTORY

Please circle YES or NO to the following questions. If YES please explain:

YES / NO Is this your first massage?

YES / NO Are you sensitive to touch or pressure in any area?

YES / NO Have you had any surgery or injuries in the past two years?

YES / NO Are there any medical conditions I should be aware of?

YES / NO Are you pregnant? If YES, are you past your first trimester?

Do you have any of the following?

YES / NO High or low blood pressure

YES / NO Edema

YES / NO Cancer

YES / NO Bruising

YES / NO Epilepsy or seizures

YES / NO Open wounds/cuts

YES / NO Diabetes

YES / NO Cold/Flu

YES / NO Varicose veins

YES / NO Alcohol consumption in past 12 hours

YES / NO Arthritis

YES / NO Allergies

YES / NO Joint swelling

YES / NO Implants (Bolts, screws or wires) If yes, explain: \_\_\_\_\_

Interested in Cannabidiol aka CBD massage? YES / NO (fee will apply)

I understand that the massage or bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment.

I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I do so. **\*24hr notice of cancellation or rescheduling is required or forfeit full price of massage\***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date