CLIENT INFORMATION SHEET

DATE:_____

PLEASE PRINT

Name: Address:

City: State: Zip: Birth Date:

Home Phone: Work Phone:

Occupation: Email:

Male Female Age: Height: Weight:

List the names of your Doctors, Chiropractors or Health Practitioners

Primary Care: Phone:

Special Care: Phone:

Have you had any massage therapy before? YES NO If so, how many times?

Preferred level of pressure: Mild_____ Moderate_____ Firm_____

Desired results from this massage session: Relaxation_____ Pain Relief_____ Flexibility_____

What kind of exercise do you do and how often?

Illnesses: When:

Surgery: When:

Broken Bones: When:

Injury: When:

Scars: When:

List all medications you are currently taking:

Please check any conditions that you currently have

Head

TMJ	
Grind teeth	
Head aches	
Where:	
Head feels heavy	

Neck

Pain	
Stiff	
Grinding/Popping	

Shoulders

Can't raise arms:	
Above shoulder	
Over head	

Arms & Hands

Cold	
Loss of grip	
Shooting pain	

Females

Pregnant? Months_____

Low Back Pain

Lifting	
Sitting	
Lying down	
Bending	
Coughing	
Working	

Hips, Legs & Feet

Hip replacement? R L	
Knee surgery? R L	
Swollen ankles	
Cold feet	
Ticklish feet	
Shooting pains?	
Where	
Cramps?	
Where	

General Health

Allergies / Sinus	
Arthritis	
Where:	
Blood Pressure High Low	
Bruise easily?	
Diabetes: Insulin / Non-insulin	
Injection site	
Infectious condition or disease?	
Where:	
Inflammation?	
Where:	
Numbness / tingling?	
Where:	
Osteoporosis?	
Where:	
Seizures/Convulsions/Epilepsy	
Skin Condition / Rash?	
Where:	
Strain / Sprain	
Varicose Veins	

THE NATURAL WAY
GORDON
CHIROPRACTIC

248-366-3300
gordondc.com

MASSAGE APPOINTMENT POLICY SHEET

Please read over carefully. This is to benefit you the client and the therapist.

We appreciate all of you who honor your scheduled appointments and arrive on time. Unfortunately, an increasing number of clients make it difficult for us to provide quality and efficient services. While we do understand that schedule changes happen, a **24** hour notice is required if you are cancelling or rescheduling. If you do not show for your appointment or call and give us adequate time to fill your appointment with another patient then you will agree to pay the **full** appointment fee. (Please note that insurance companies **do not** pay this, you do.) Our time slots are limited and we would like to be able to accommodate other patients if you can not make your appointment. If you feel that someone can take your place at your scheduled appointment time, call us to confirm these changes in advance. For this reason we ask you to call Gordon Chiropractic at 248-366-3300. We appreciate all of you who honor your scheduled appointments and arrive on time. Clients who do not arrive or who arrive late for their scheduled appointment affect our ability to serve all of our clients in a timely and professional manner. We hereby give notice that the following policy will be effective immediately. Clients who arrive late may not be able to receive a full hour long massage especially if it is the initial visit we will always try to accommodate in emergency situations. Also, when making appointments we have to consider everyone and we are only allowing patients to have two scheduled future appointments in the computer at any given time. If you are consistent when making appointments then this should not be a problem.

We appreciate the confidence you have placed in us and we will do our best to continue to offer quality and efficient massage therapy. Thank you for your understanding and cooperation in this matter.

Please sign below that you understand and agree with all of the terms above.

Signature_____ Date _____

Print Name_____ Date _____

Therapist _____ Date _____

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GORDON
CHIROPRACTIC

248-366-3300
gordondc.com

I understand that the massage/bodywork I receive from the Massage Therapist is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. I further understand that massage / bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that for any mental, physical ailment or condition I am aware of, I should see a physician, chiropractor or other qualified medical specialist. I also understand that the Massage Therapist does not diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session (s) given should be construed as such.

Because bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions, and answered all questions on this form and / or asked by my Therapist, honestly and completely to the best of my knowledge. I agree to keep my Massage Therapist updated in future sessions, as to any changes in my medical profile.

If I experience any pain or discomfort during this and all sessions, I will immediately inform the Therapist so their pressure, strokes and/or technique may be adjusted to my comfort level.

I also agree there is no liability on the Massage Therapist part should I fail to do so.

Client: _____ Date: _____

Therapist: _____ Date: _____