

Therapeutic Massage

at Hailey Chiropractic

Name_	Phone ()	DOB_	
Address	_ City		State	Zip
E-mail				
Referred by				
Occupation	□ Male □ Fe	emale		
In case of emergency:	Phone ()		
Please take a moment to carefully read the foll have a specific medical condition or specific sy A referral from your primary care provider ma	mptoms, mass	sage/bodyw	ork may be	contraindicated.
Have you ever experienced a professional massage or body	work session? □ Ye	es 🗆 No How re	ecently?	
What are your massage or bodywork goals?				
What kind of pressure do you prefer? $\ \square$ light $\ \square$ medium $\ \square$				
If you answer "yes" to any of the following qu			s clearly as p	oossible.
$\hfill \Box$ Yes $\hfill \Box$ No Do you frequently suffer from stress?				
□ Yes □ No Do you bruise easily?				
\square Yes \square No Do you have diabetes?				
$\hfill \square$ Yes $\hfill \square$ No Any broken bones in the past two years?				
□ Yes □ No Do you experience frequent headaches?				
☐ Yes ☐ No Any injuries in the past two years?				
□ Yes □ No Are you pregnant?				
□ Yes □ No Do you have tension or soreness in a specific are	ea?			
Please specify	<u>.</u>			
□ Yes □ No Do you suffer from arthritis?				
□ Yes □ No Are you wearing contact lenses?				
□ Yes □ No Are you wearing dentures?				
· -				

 \square Yes \square No Do you have cardiac or circulatory problems?

□ Yes □ No Do you suffer from back pain? □ Yes □ No Are you taking high blood pressure medication? □ Yes □ No Do you suffer from epilepsy or seizures? □ Yes □ No Do you suffer from epilepsy or seizures? □ Yes □ No Do you suffer from epilepsy or seizures? □ Yes □ No Do you suffer from joint swelling? □ Yes □ No Do you have varicose veins? □ Yes □ No Do you have varicose veins? □ Yes □ No Do you have varicose veins? □ Yes □ No Do you have out contitions? Or are you taking any medications we should know about? □ Yes □ No Do you have ostcoporosis? □ Yes □ No Do you have ostcoporosis? □ Yes □ No Do you have any allergies? □ Yes □ No Have you ever had surgery? Any additional comments: □ Yes □ No Have you ever had surgery? Any additional comments. □ Yes □ No Have you ever had surgery? Any additional comments. □ Yes □ No Have you ever had surge	\square Yes \square No Do you suffer from back pain?	\square Yes \square No Do you have high blood pressure?					
□ Yes □ No Do you have numbness or stabbing pains? □ Yes □ No Do you suffer from cpilepsy or scizures? □ Yes □ No Do you suffer from cpilepsy or scizures? □ Yes □ No Do you suffer from joint swelling? □ Yes □ No Do you have varicose veins? □ Yes □ No Do you have caricose veins? □ Yes □ No Do you have any contagious diseases? □ Yes □ No Do you have any contagious diseases? □ Yes □ No Do you have any allergies? □ Yes □ No Do you have any allergies? □ Yes □ No Have you ever had surgery? Any additional comments: □ I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be constructed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chirupractor, or other qualified medical specialist for any mental or physical aliment of which I am amsage or bodywork should not be constructed as a such. Because massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be constructed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions bonestyl: 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 is part should I fail to do so. I also understand that any illeich or sexually suggestive remarks no newstyle the practitioner is part should I fail to do so. I also understand that any illeich or sexually suggestive remarks or advances made by me will result in immediate termination of the session,		□ Yes □ No Do you suffer from back pain?					
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Hailey Chiropractic, P.C. Andrea Hailey, D.C. 436 South Linden Avenue, Waynesboro VA 540-248-3210 540-416-0243 fax

I consent to receiving notifications by:	
□ Text:	Mobile Provider:
☐ Email:	_
Name:	
Signature:	
Date:	