

What is your reason for getting massage/manual therapy? _____

Have you ever had a massage/manual therapy before? Yes / No

If yes, what type of pressure do you prefer? Circle one: Light (relaxing) / Medium / Deep Pressure

If yes, do you prefer talking during your massage? Yes / No

Were you referred by a friend or other health care professional? Yes / No

If yes, by whom? _____

List all or any medications that you are currently taking:

List all or any allergies: _____

List all or any herbal or other supplements you are currently taking:

List any injuries in the past 5 years: _____

List any surgeries / broken bones in the past 5 years:

WOMEN: Are you currently pregnant? Yes / No If yes, how many weeks: _____

PLEASE CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOUR BODY AND HEALTH:

GENERAL:

- Sinus problems / allergies
- Numbness / Tingling
- Weakness
- Arthritis
- Seizures
- Fainting
- Dizziness
- Memory Loss
- Varicose Veins
- Diabetes
- Shortness of breath
- Heart Problems
- Blood Clots
- Lupus
- Multiple Sclerosis
- Skin Conditions
- Pain with Coughing / Sneezing
- Nausea
- Low Back Pain / Neck Pain
- Cancer

- Headaches
- High / Low Blood Pressure

HIPS / LEGS / FEET:

- Leg / Foot Cramps
- Swollen Ankles
- Tingling / Burning
- Shooting Pains
- Ticklish Feet

ARMS / HANDS:

- Weakness
- Clumsiness
- Shooting Pains

NECK / SHOULDERS

- Stiffness
- Tightness
- Burning
- Decreased Range of Motion
- Shooting Pains
- Popping / Clicking
- Ringing in Ears

24 HOUR CANCELLATION POLICY

Our goal is to provide quality, individualized, medical care in a timely manner. “No-Shows” and cancellations inconvenience those individuals who need access to medical care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of treatment.

In order to be respectful of the needs of other patients, please be courteous and call the office within **24 Hours** if you are unable to attend your appointment. Time has been set aside for your appointment, and if canceled in a timely manner, this time will be reallocated to someone who is in need of treatment. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely treatment.

Patients will be responsible for the following charges for failure to cancel or reschedule appointment(s) within 24 hours of scheduled appointment.

Any missed appointments cannot be billed to your insurance company.

- **\$55** for a Chiropractic Appointment (payment at time of service discount).
- **\$75** for a 60-minute Soft Tissue Treatment (payment at time of service discount).
- **\$45** for a 30-minute Soft Tissue Treatment (payment at time of service discount).
- **\$60** for a Trigger Point Dry Needling Appointment (payment at time of service discount).
- **\$60** for a 60-minute Rehabilitation Appointment (payment at time of service discount).

Payment will be required within 14 days of missed appointment (s). After those 14 days, the balances left unpaid will be subject to a \$15 billing fee and will incur an additional \$15 billing fee each time a balance is rebilled.

To cancel appointments, please call **970-203-9997**. If you do not reach the receptionist, you may leave a detailed message on our voicemail. We will return your call as soon as possible.

Patient's Signature: _____ Date: ____ / ____ / ____

Responsible Party's Signature (If patient is a minor): _____ Date: ____ / ____ / ____