



Peak Performance Chiropractic & Wellness
989 Kenmore Ave Kenmore, NY 14217
P: 716-335-9711 F: 716-335-9696
E: PeakPerformanceChiropracticWNY@gmail.com
www.PeakPerformanceChiropracticWNY.com

Client Intake Form- Massage Therapy

Personal Information:

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ Email: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

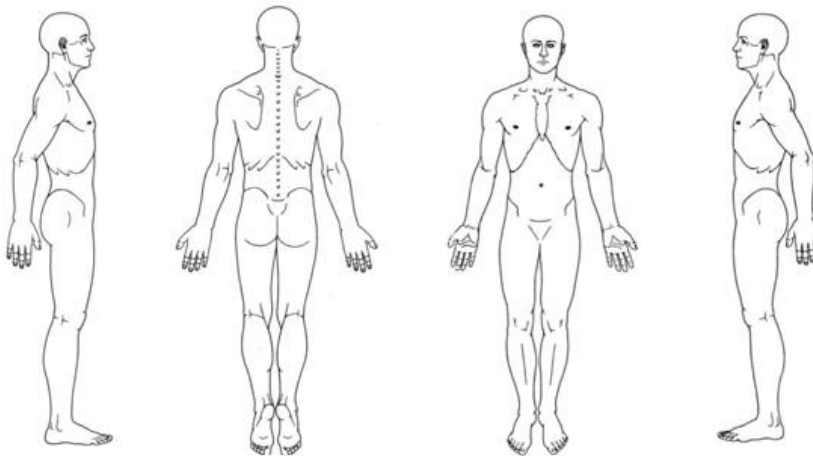
The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

Date of Initial Visit _____

1. Have you had a professional massage before? Yes No
If yes, how often do you receive massage therapy? _____
2. Do you have any difficulty laying on your front, back, or side? Yes No
If yes, please explain _____
3. Do you have any allergies to oils, lotions, or ointments? Yes No
If yes, please explain _____
4. Are you wearing - Contact Lenses () Dentures () A Hearing Aid ()

5. Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please explain _____
6. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please explain _____
7. Do you experience stress in your work, family, or other aspect of your life? Yes No
If yes, how do you think it has affected your health? (Circle all that apply)
Muscle tension Anxiety Insomnia Irritability Other _____
8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other treatment? Yes No
If yes, please identify _____
9. Do you have any particular goals in mind for this massage session? Yes No
If yes, please explain _____
10. Do you like music during your massage? Yes No
11. Do you like to talk during your massage? Yes No
12. Do you like Light Pressure () Medium Pressure () Deep Pressure ()
13. Do you see a Chiropractor? () Yes () No

Circle any specific areas you would like the massage therapist to concentrate on during your session



Medical History

In order to plan a massage session that is safe and effective, we need some general information about your medical history.

1. Are you currently under medical supervision? Yes No
Is yes, please explain _____
2. Do you see a Chiropractor? Yes No If yes, how often? _____
3. Are currently taking any medication? Yes No
If yes, please list _____

Please circle any condition listed below that applies to you

Contagious skin conditions	High or low blood pressure
Open sores or wounds	Circulatory disorder
Easy bruising	Varicose veins
Recent accident or injury	Atherosclerosis
Recent surgery	Phlebitis
Artificial joint	Deep vein thrombosis/ Blood clots
Sprain/Strain	Joint disorders/ rheumatoid arthritis/ osteoarthritis/ tendonitis
Current fever	Osteoporosis
Swollen glands	Epilepsy
Allergies/Sensitivity	Headaches/Migraines
Heart condition	Cancer _ receiving radiation ___ receiving chemo ___ remission
Diabetes	Decreased sensations
Back/ neck problems	Fibromyalgia
TMJ	Carpal Tunnel Syndrome
Tennis elbow	Pregnancy If yes, how many months? _____

Please explain any conditions that you have marked above _____

Informed Consent & Wavier Massage Patient Information & Informed Consent Form

1. I understand that massage body workers and holistic practitioners are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that massage and alternative holistic therapies are not substitutes for medical treatment, and that Peak Performance Chiropractic & Wellness, "the company", recommends I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my therapist if I have concerns or questions about my session. I do not have any injuries or conditions that would prevent me from receiving a massage, nor have I been told by a health care provider that I should not receive massages or alternative therapies.
2. I understand that massage therapy and body work services are a therapeutic health aid and are non-sexual. I understand my massage therapist reserves the right to end a therapy session in the case of sexual innuendo or advances from the client. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage, and I will be liable for full payment of the scheduled session.
3. Any information exchanged during a massage or body work session is confidential and is only used to provide me with the best health care services available. I understand that a massage therapist will ask me questions about my health and physical condition and that I am obligated to answer truthfully and honestly about my health history in full detail.
4. I understand that my feedback is essential in my treatment, and that if I experience any unusual discomfort and/or pain during my massage session, it is my responsibility to inform the therapist in order to enable the therapist to adjust the pressure or technique being used.
5. The therapist reserves the right to decline, discontinue, or restrict services based on any provided information that may indicate that massage therapy would put my health or the therapist's health at risk.
6. I acknowledge that I am responsible to be on time for my appointments and that the therapist is not under any obligation to extend my therapy session. I also agree that I am responsible to pay for the full time I have booked with the therapist if I am late. I understand that my appointment time is reserved for me only. If I miss an appointment or am unable to give twenty four (24) hours' notice when I need to change or cancel my appointment, I agree to pay the company in full for the booked appointment time. I further understand that I will be additionally charged \$30.00 for any returned checks.
7. Our office allows you 5 minutes before and after your massage to talk to your therapist, undress/redress, and get yourself on/off the table. This means a 30 minute massage is 20 minutes hands on therapy. A 60 minute massage is 50 minutes hands on. And 90 minute massage is 80 minutes hands on. This allows your therapist to customize your session as they deem appropriate. Please note it also helps keep our scheduled appointments to run on time.
8. I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow.
9. I understand that the practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations.
- 10 I understand that service offered today, and in the future, are not a substitute for medical care and that any information provided to me by the therapist is purely for educational purposes and is not diagnostically prescriptive in nature.
11. I have stated all of my known medical conditions on the Client Intake form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.
12. I understand that it is solely my responsibility to keep the therapist updated on any changes in my physical health and I further understand that the company and the therapist shall not be liable for any purpose and for any reason whatsoever, should I fail to do the needful as per this paragraph.
13. I have reviewed this form in its entirety and I have discussed all my concerns regarding my treatment with my therapist.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session I will immediately inform the therapist so that the pressure and/ or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists 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 construed as such. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on therapist's part should I fail to do so.

By signing this Informed Consent and Waiver I consent to receive therapy at Peak Performance Chiropractic and hereby agree to all policies of Peak Performance Chiropractic & Wellness and its entire staff, massage therapists, and Chiropractors from any and all past present and future liability, loss, cost, claim, or damage whatsoever which may be imposed upon the company relating to massage therapy and body work; including but not limited to reflexology, acupuncture, polarity therapy, energy therapy, kinesiology, aromatherapy, craniosacral therapy, myofascial release therapy, trigger point therapy, stretching therapy, strength and condition training, among others. I further undertake to indemnify and hold Peak Performance Chiropractic & Wellness harmless from any incident(s) arising from my use of the Peak Performance Chiropractic & Wellness services.

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____

Signature of parent/ guardian for Minors _____ Date _____