Tyler MASSAGE
Medical Massage Practitioner

CLIENT CONTACT INFORMATION

Last Name:_____ First Name:_____ Date:_____
Address:_____ Contact #:_____
City:_____ St:_____ Zip:_____ Alternate #:_____
Email:_____ Birthday:_____ Age:____ Gender:_____
Occupation:_____
Appointment Reminder: __Call __Text
Referred by:_____
Emergency Contact:_____ Phone #:_____
Is this massage medically necessary, such as a condition, an injury or surgery? ___yes ___no
Do you have a Physician referral/prescription? ____yes ____no
Are you seeking insurance reimburesment? ____yes ____no
(if yes, please complete the insurance billing form)
Type of insurance coverage for this claim? Personal Injury Worker's Comp Private Health

MASSAGE INFORMATION

Have you ever received professional massage/bodywork before? ____yes ____no
How long ago was your last massage? _____
What is your expected outcome for receiving massage/bodywork? _____
_____
How do you feel today? _____
_____
What are your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.)
_____
_____
_____
Do these symptoms interfere with daily activities? ___yes ___no If yes, explain: _____
_____
_____
_____
What makes your pain better?_____
What makes your pain worse?_____

HEALTH INFORMATION

Are you currently under the care of a doctor or a physical therapist? _____ If so, why?_____
List any medications that you are currently taking: _____
_____
_____

Do you currently see a chiropractor? ___Yes ___No
If so, Whom? _____
Are you wearing contacts? ___Yes ___No
Are you pregnant? ___Yes ___No
How much exercise do you get each week? __none __1-2 days __3-4 days
Please list any surgeries/injuries that you have had in the past that may influence today's treatment

_____ when? _____
_____ when? _____
_____ when? _____
_____ when? _____
_____ when? _____
_____ when? _____

Have you had any tests, such as an X-ray or MRI, for the reason you are here today? ___Y ____N
if yes, may I request a copy from your Dr? ____Y ____N?
Dr. Name & Phone #_____
Please list any areas that need to be avoided? _____
Do you wear any topical medications, such as hormone creams? __Y __N
Circle any of the following health conditions that you currently have. Please be completely honest,
as massage may not be indicated for the below conditions.

Blood clots	Fever
Infections	Pitted Edema
Congestive Heart Failure	Contagious diseases

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received.

Current	Past	Muscle or joint pain	_____
Current	Past	Muscle or joint stiffness	_____
Current	Past	Numbness or tingling	_____
Current	Past	Swelling	_____
Current	Past	Bruise easily	_____
Current	Past	Sensitive to touch/pressure	_____
Current	Past	High/Low blood pressure	_____
Current	Past	Stroke/Heart attack	_____
Current	Past	Varicose veins	_____
Current	Past	Shortness of breath/Asthma	_____
Current	Past	Cancer	_____
Current	Past	Neurological (i.e. MS, Parkinsons, Chronic Pain)	_____

Current	Past	Epilepsy, seizures	_____
Current	Past	Headaches, migraines	_____
Current	Past	Dizziness, ringing in the ears	_____
Current	Past	Digestive conditions (i.e Crohn's, IBM)	_____
Current	Past	Gas, bloating, constipation	_____
Current	Past	Kidney diseases, infection	_____
Current	Past	Arthritis (rheumatoid, osteoarthritis)	_____
Current	Past	Osteoporosis, degenerative spine/disk	_____
Current	Past	Scoliosis	_____
Current	Past	Broken bones	_____
Current	Past	Allergies	_____
Current	Past	Diabetes	_____
Current	Past	Endocrine/Thyroid conditions	_____
Current	Past	Depression/Anxiety	_____
Current	Past	Memory Loss, confusion, easily overwhelmed	_____
Current	Past	Fibromyalgia	_____

Other _____

The modesty of each client and the therapist **will** be protected by proper draping. Draping will be used every time! Do **NOT** request to have your massage without proper draping!
Tyler Massage shall not engage in breast massage of female clients without written consent of the client.
All sessions are payable in full at the conclusion of the appointment.

CONSENT FOR TREATMENT

If I experience any pain or discomfort during the 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/ bodywork should not be construed as a substitute for medical examinations, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment for which I am aware. I understand that 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 should be construed 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 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 fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result of immediate termination of the service and I will be liable for payment of the scheduled time. Understanding all of this, I give my consent to receive care.

Client Signature:_____ Date:_____

Parent or Guardian Signature (if minor)_____ Date:_____

Therapist Signature: _____ Date:_____