

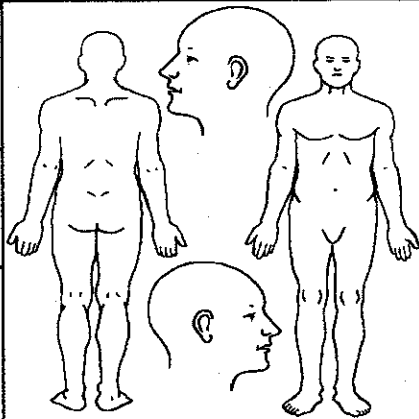
**Contact Information**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Sex:  M  F Birth Date \_\_\_\_\_ Social Security # (if applicable) \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Widowed  
 E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
(Only used for Health Newsletter and Reminders)  
 Spouse Name \_\_\_\_\_ Spouse Employer \_\_\_\_\_  
 Emergency Contact Name, Phone, and Relationship \_\_\_\_\_  
 How were you referred to this office? \_\_\_\_\_

**Current Health Condition**

Purpose of this appointment:  Relaxation  Specific Focus: \_\_\_\_\_  Other: \_\_\_\_\_  
 This condition is:  Job Related  Auto Accident  Sports Injury  Chronic  Other: \_\_\_\_\_  
 When and How did it begin? \_\_\_\_\_  
 Has this condition occurred before?  Yes  No If Yes, when? \_\_\_\_\_  
 What treatments or activities make it better? \_\_\_\_\_  
 What treatments or activities make it worse? \_\_\_\_\_  
 Condition is:  getting better  getting worse  staying the same  
 Condition interferes with:  work  sleep  daily activities  other: \_\_\_\_\_  
 Other health care providers seen for this condition: \_\_\_\_\_  
 Name's of other health care providers: \_\_\_\_\_  
 May we contact your other health care providers if necessary?  Yes  No  
 Medications or Supplements taken \_\_\_\_\_  
 Major Surgeries or Hospitalizations \_\_\_\_\_  
 Any questions or concerns? \_\_\_\_\_

Please Circle and briefly describe any areas of discomfort or complaints



**Health History**

Please check each of the diseases or conditions that your are experiencing now or have in the past. Information here will help me in determining how massage can best help you and will aid me in providing a safe massage for you.

- |   |   |  |                                    |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Severe or Frequent Headaches       | <input type="checkbox"/> High/Low Blood Pressure  | <input type="checkbox"/> Cancer                | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Dizziness                          | <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Rheumatic Fever       | Due Date: _____                    |
| <input type="checkbox"/> Loss of Sleep                      | <input type="checkbox"/> HIV/AIDS                 | <input type="checkbox"/> Psychiatric Problems  |                                    |
| <input type="checkbox"/> Pain Between Shoulders             | <input type="checkbox"/> Contagious Disease _____ | <input type="checkbox"/> Thyroid Problems      |                                    |
| <input type="checkbox"/> Frequent Neck Pain                 | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Skin Conditions _____ |                                    |
| <input type="checkbox"/> Numbness or Pain in Arm/Legs/Hands | <input type="checkbox"/> Tuberculosis             | <input type="checkbox"/> Allergies _____       |                                    |
| <input type="checkbox"/> Lower Back Problems                | <input type="checkbox"/> Shingles                 | <input type="checkbox"/> Other _____           |                                    |
| <input type="checkbox"/> Heart Attack/Stroke                | <input type="checkbox"/> Hepatitis                |  |                                    |

### Why Massage?

Massage can be used for a variety of different reasons and there are different types of care. To help us in best serving your treatment goals, please check which type of care you are seeking.

- Relaxation:
- Pain Relief: Get rid of the pain. Relief is short-term.
- Corrective: Get rid of pain, and make recommendations to fix the problem.
- Optimal Health: Get rid of pain, make recommendations to fix the problem and to maintain my best possible health.
- I'm not sure, please help me to understand my options.

### Financial Policy and Patient Service Agreement

Who is responsible for your bill?     You and:     Worker's Comp     Auto Ins.     Medicare     Health Insurance

In order to receive the best care possible within your maximum benefits, it is important that you comply with our financial policy:

1. Payment is expected at the time of service in the form of a deductible, co-payment, or co-insurance payment. It is illegal to waive these fees.
2. Your policy is a contract between you and the insurance company and you are responsible for any unpaid or denied claim, and for any collection fees, court costs, and attorney's fees if your account is turned over for collection.
3. If your insurance company sends you checks, it is your responsibility to deliver them to our office within 5 (five days).
4. Affordable payment plans are available in special cases.
5. Cancellations must be made with 24 hours' notice or you will be charged \$35 on the third occurrence.

"I hereby authorize you to furnish information to my insurance company concerning my care. I further hereby assign all insurance payments for massage services rendered to me or my dependents by Atlas Chiropractic, Massage and Wellness Center, to Atlas Chiropractic, Massage and Wellness Center."

I have read and understood the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms of Acceptance

I have completed this health intake form to the best of my knowledge. I understand that massage therapy is a therapeutic health aid and not intended to replace a physician's care when needed. Any procedure beyond the therapist's scope of practice including diagnosis will be referred to the proper health care provider. All information discussed during the massage session is confidential and will be shared with other health care providers solely for the purpose of my health care.

The Office's massage policies have been made available for me to read. I understand I may request a copy of this policy for my own records. I agree to adhere to both the cancellation and late appointment policies.

I understand that all insurance coverage, whether accident, work-related, or general coverage, is an arrangement between my insurance carrier and myself. Any insurance billed by this office is done so as a convenience and I am ultimately responsible for any balances unpaid or denied by my insurance company.

I, \_\_\_\_\_ have read and fully understand the above statements.  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Consent to evaluate and treat a minor child

**Parents, please complete:**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_  
have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

## How to get the most out of your massage!

**Show up!** - Be on time and keep your scheduled appointments. The more I see you, the more I can help.

**Communicate with me-** I will check in with you during every massage to make sure you are getting the appropriate pressure and areas addressed, be sure to communicate any changes needed.  
Ask Questions! If you do not understand why we are working on the areas we are, please ask me to explain.

**Drink lots of water-** During your massage circulation is increased, this increase in blood flow will release built up toxins in the body. Drink plenty of water before and after your massage to help your body flush these toxins.

**Participate!** - Stretch, change work habits, play an active role in your reaching your massage goals.

**Don't forget the Nervous System!** — Our Nervous System communicates information from our brains to our bodies. This information can be blocked or miss-communicated if our Nervous System is not properly functioning. Have your spine checked on a regular basis to reach your body's best potential!

**Relax!** –Silence your cell phone, leave your to do lists for after your massage. If you need to bring your children, please prepare them with an activity that will keep them busy for an hour and that will allow you to fully relax.  
Bring your own music! Bring in your iPhone, iPod, or Mp3 player (with output cord) and listen to the music that helps you to relax.

### **And Breathe....**

Every deep breath we take tells our muscles and our mind that it is time to relax.