

**NORTH SHORE FAMILY CHIROPRACTIC, P.C.**

400 South Oyster Bay Rd. Suite 205, Hicksville, N.Y. 11801, (516)-433-5396

**M A S S A G E T H E R A P Y I N T A K E F O R M**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_

Referred by \_\_\_\_\_

Describe your pain \_\_\_\_\_

How did your symptoms begin? \_\_\_\_\_

When did they begin? \_\_\_\_\_

Symptoms are: (check one)  improving  getting worse  about the same

**Relevant Medical History (check all that apply)**

- arthritis/osteoporosis  epilepsy/seizures  psychological problems  convulsions  cancer
- asthma/sinus trouble  fibromyalgia  neck pain or spasms  muscular dystrophy  anemia
- hand/wrist pain  neuritis/numbness  headaches  diabetes  high/low blood pressure
- back pain/sciatica  thyroid problems  hepatitis/measles/TB  concussion  venereal diseases
- heart problems/stroke/TIA  HIV/Aids/blood infections  digestive problems

What operations have you had? \_\_\_\_\_

Serious illnesses? \_\_\_\_\_

What medications/drugs are you taking? \_\_\_\_\_

Have you been treated for any health problems in the past year?

yes  no If yes, what? \_\_\_\_\_

Have you ever had a massage?  yes  no If yes, what type? \_\_\_\_\_

Name of personal chiropractor \_\_\_\_\_

I understand that massage therapy involves neither diagnosis nor treatment of any condition, as it is not a substitute for medical care. I understand that I am responsible for providing medical information to my massage therapist. All information given before or during sessions will remain confidential. Draping will be used at all times unless I request optional clothing; no inappropriate areas will be massaged. If I am uncomfortable for any reason I may request to end the session and the session will be ended.

**Payment is due at the time of service unless other arrangements have been made.**

*I acknowledge that I have read and understand the above information.*

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_