

**Hulsebus-Gehlsen Chiropractic Clinic**

630 S. Terra West · Freeport, IL 61032

(815) 235-7858 · Fax (815) 235-7913

**Massage Therapy Client Information/ Cancellation Policy**



**CONFIDENTIALITY:** Any information exchanged on this form or during a session is strictly confidential. It will be used for the sole purpose of providing the best health care services possible

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

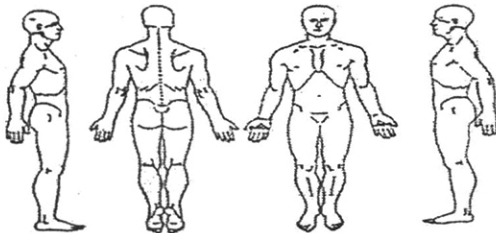
Please Circle Yes Or No:

- Yes No Is this your first **Massage Therapy** session?
- Yes No Do you frequently suffer from **Stress**?
- Yes No Are you **Pregnant**?
- Yes No Do you have **High or Low Blood Pressure**?
- Yes No Do you have a **Cardiac or Circulatory** issue?
- Yes No Do you have **Diabetes**?
- Yes No Do you experience frequent **Headaches**?
- Yes No Do you suffer from **Arthritis**?
- Yes No Do you suffer from **Epilepsy or Seizures**?
- Yes No Do you suffer from **Swelling**?
- Yes No Do you have any **Contagious Disease**?

- Yes No Do you have any **Allergies**? (Scents/lotions/nuts)
- Yes No Do you **Bruise** easily?
- Yes No Experience **Numbness or Stabbing Pains** anywhere?
- Yes No Have you ever had **Cancer**?
- Yes No Do you have any **Skin Infections**?
- Yes No Do you have any **Sprains or Strains**? (ligament or muscle)
- Yes No Do you have **Osteoporosis**?
- Over the Past Two Years...**
- Yes No Had any **Broken Bones**?
- Yes No Been in an **Accident**?
- Yes No Suffered any **Injuries**?

Have you ever had any Surgeries? Yes No If yes please explain: \_\_\_\_\_

Are you taking any medications? Yes No Please list: \_\_\_\_\_



Please mark any areas of tension or soreness. Include any description that you feel necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I understand that the practitioner will perform an initial assessment based on palpation, observation and the symptoms I described. If I experience any pain or discomfort at any time during a session, I will immediately inform the practitioner so that adjustments can be made to fit my comfort level. I understand that massage/bodywork 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 should be construed as such. I understand that I should see a physician, chiropractor or other qualified medical specialists for any mental or physical ailment that I am aware of. Because massage/bodywork therapy should not be performed under certain adverse conditions, I affirm that I have stated all my known physical 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 shall I fail to do so. I understand that the practitioner will perform an initial assessment based on palpation, observation and the symptoms I described. I understand that any illicit or sexually suggested remarks or advances made by me will result in the immediate termination of this session, and I will be liable for the payment of the scheduled appointment.

We understand that unanticipated events happen occasionally. In our desire to be effective and fair to all of our clients and out of consideration for our therapists' time, we have adopted the following policies.

**24 Hour Advanced** notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give 24 hours advanced notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

Appointment times have been arranged specifically for you. If you arrive late your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless the length of the treatment actually given, you will be responsible for the **"full" session**.

Client Signature \_\_\_\_\_

Massage Therapist Signature \_\_\_\_\_

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