Confidential Information

Welcome!

We want to make your appointment as pleasant and comfortable as possible. If at any time you have any questions about your session, please don't hesitate to ask!

Name: _____ **Phone(Best number for you):** _____

Address: _____ **City:** _____ **State**____ **Zip**_____

Email: _____ **Occupation:** _____

Date of Birth:_____ **Age:** ____ **M**__ **F**__ **Are you Pregnant?** ___ **Due Date**_____

Have you ever received Massage Therapy? Yes__ **No**__

Are you taking medication?___**Describe:** _____

Have you consumed alcohol in the last 24 hours? Yes____ **No**____

How did you find us: Google: ___ **Infinity Acupuncture:** ___ **Friend:** ___ **Facebook:**___

Referral:___ **GC:**___ **TV Ad:**___ **Radio Ad:**____ **Other:** _____

Another person we may contact in case of emergency (name): _____

Relationship: _____ **Best phone number to Reach them:** _____

Do you have a history of the following?

__accidents	__seizures	__breast surgery
__neck pain	__fibromyalgia	__abdominal pain
__whiplash	__allergies	__diabetes
__headaches	__surgery	__high blood pressure
__back pain	__stroke	__heart attack
__joint ache	__sciatica	__arthritis, bursitis
__knee pain	__decreased ROM	__varicose veins
__shoulder pain	__cancer	

What is your consumption of:

	None	Light	Moderate	Heavy
SALT	__	__	__	__
SUGAR	__	__	__	__
CAFFEINE	__	__	__	__
TOBACCO	__	__	__	__
ALCOHOL	__	__	__	__
EXERCISE	__	__	__	__
WATER	__	__	__	__

Do you have any of the following today?

__sunburn __inflammation __severe pain

__cold/flu __poison ivy __open cuts, bruises, burns __irritated skin rash

What are your goals/ expectations for this therapy session?

_____

I understand that this massage is not a replacement for medical care and that no diagnosis will be made. Cancellations require 24 hour or sooner notice. Less than 24 hours notice/ same day or no shows will result in cancellation fee.

Date:_____ Signature:_____