

**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** \_\_\_\_\_

**How did you find us: Google:** \_\_\_ **Infinity Acupuncture:** \_\_\_ **Gift Card:** \_\_\_ **Facebook** \_\_\_

**Referred by:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Emergency Contact(name):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

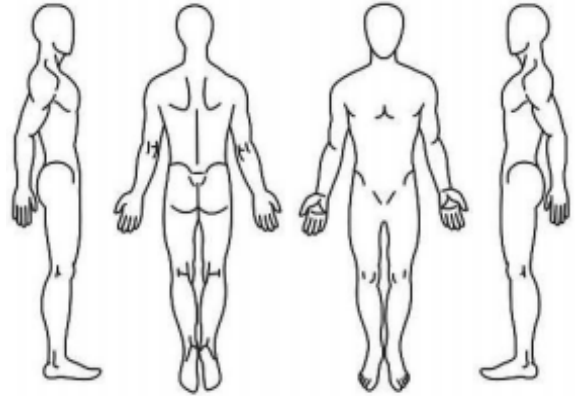
**Have you consumed alcohol in the last 24 hours? Yes** \_\_\_ **No** \_\_\_

**Are you taking medication? Describe:** \_\_\_\_\_

**Do you have a history of the following?**

- \_\_\_ accidents      \_\_\_ seizures      \_\_\_ breast surgery
- \_\_\_ neck pain      \_\_\_ fibromyalgia      \_\_\_ abdominal pain
- \_\_\_ whiplash      \_\_\_ diabetes      \_\_\_ shoulder pain
- \_\_\_ headaches      \_\_\_ cancer      \_\_\_ high blood pressure
- \_\_\_ back pain      \_\_\_ stroke      \_\_\_ heart attack
- \_\_\_ joint ache      \_\_\_ sciatica      \_\_\_ arthritis, bursitis
- \_\_\_ knee pain      \_\_\_ varicose veins      \_\_\_ decreased ROM

Please circle any areas of discomfort



surgeries (type/date) \_\_\_\_\_

allergies \_\_\_\_\_

**Do you have any of the following today?**

- \_\_\_ sunburn      \_\_\_ inflammation      \_\_\_ severe pain
- \_\_\_ cold/flu      \_\_\_ poison ivy      \_\_\_ open cuts, bruises, burns
- \_\_\_ irritated skin rash

**Have you ever received Massage Therapy? Yes** \_\_\_ **No** \_\_\_

Are there any areas (feet, face, abdomen, etc.) you **do not** want massaged?  yes  no

Please explain \_\_\_\_\_

**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: \_\_\_\_\_

*Please see back to review our cancellation policy* 