Tana Clark, LMT, ART
OR Lic# 5409
Health Intake Form

Name:_____ Date:_____
Address:_____City:_____ Zip:_____
Telephone Number: Preferred:_____ Other:_____
Email:_____ DOB:_____
Occupation/Duties:_____Referred By:_____
In Case of Emergency: _____ Phone #:_____

History of Massage:
Have you ever had a professional massage? Y/N If yes, what type of massage did you get and what did you most like about it?_____
What did you least enjoy? _____

Main reason for visit today: _____
Primary area/s of discomfort/tension: _____
Onset/Duration of discomfort/tension: _____
On a scale of 1-10, 10 being the worst, what are you in general?_____ Today?_____

Medical History:
Are you currently under a physician's care?_____ If yes, whom?_____
Are you taking any medications? Y/N if yes, please list:_____
_____
Alcohol intake: Daily Weekly Monthly Very seldom None
Caffeine intake: 10-20 oz daily 8-10 oz daily 2-4 x weekly Seldom None
Water intake per day: 100 oz + 70-100 oz 45-70 oz 20-45 oz 20- oz

Please circle any conditions that may apply to you either NOW or in the PAST:

Allergies	Skin Problems	Fibromyalgia	Carpal Tunnel Syn	Blood Clots
Dizziness	Contagious Disease	Diabetes	Muscular Injuries	Joint Problems
Depression	Spinal Problems	Circulatory Problems	Diabetes	Varicose Veins

Have you ever been diagnosed with any of the following conditions?

Arthritis	High Blood Pressure	Low Blood Pressure	Aneurism
Embolism	Other Blood Dx	Heart Disease	Diabetes I or II
Cancer	Other Medical Conditions: _____		

Have you ever had surgery? Y/N If Y, Affected are of body:_____

Have you had any recent injures? Work Related Motor Vehicle Accident Other
_____

I understand that massage therapy is for the purpose of stress reduction, relief form muscular tension and spasm, general relaxation and improvement of circulation and energy flow.
I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear that massage therapy is not the substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

I have stated all my known medical conditions and take it upon my self to keep the massage therapist updated on my physical health.

_____ _____
Client or guardian Signature Date

Appointment and Payment Policies

Please initial the following:

_____Cancellations: All clients are required to call 24-hours in advance of their scheduled appointment times to reschedule or cancel. should the need arise of a cancellation or reschedule. I understand that I will be charged 50% of the rate of fee will be assessed if I do not provide notice 24-hours in advance.

_____Tardiness: I understand that if I arrive late for an appointment I may not receive the entire scheduled minutes per session but I will pay for the full scheduled time.

_____No-Shows and 30 min or less: I understand that if I miss my appointment without advanced notice I will be charged the full amount of my scheduled session.

Payment Policies and medical records release:

Payment options: Cash, Check, and insurance billing through Rx from a Dr's office resulting from an auto accident or Deschutes County.

I hereby authorize the release of medical information necessary to other doctors and insurance companies. This may include intake forms, chart notes, reports, correspondences, billing statements and any other information to my attorneys, health care providers and insurance case managers. _____ (Initial here)

I am responsible for all charges for all services provided. In the event that the insurance company denies benefits or makes a partial payment, I am responsible for any balance due. _____ (Initial here)

I understand the benefits and risks of massage and give my consent for massage. I will consult my practitioner with any questions or concerns immediately. _____ (Initial here)

_____Date_____
Client (or Guardian's) Signature