

Cooper Chiropractic

4001 Main Street Suite 200 Vancouver, WA 98663

Office: 360-639-3030 / Fax: 360-828-1503

Confidential Massage Intake Form

Payment is due at the time of your appointment, unless prior arrangements have been made.

Date _____ Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Emergency Contact _____ Phone # _____

Personal Insurance Provider _____ Does it cover Massage? _____

How were you referred to this office? _____ When was your last Massage? _____

What is your Profession? _____ Hours per week? _____

Current form(s) of exercise/activity? _____ Hours per week? _____

Circle areas that you have pain or discomfort:

headache jaw neck shoulders arms hands fingers chest abdomen upper back
lower back hips buttocks knees legs feet toes numbness tingling

Circle conditions that apply:

allergies bruise easily seizures arthritis blood pressure low/high digestive issues
headaches pregnant dizzy insomnia warts nausea ringing

Are you currently being treated for Cancer? _____ Prodidal? _____

Please list any surgeries in the last 3 years or Medications you are currently taking _____

Please provide 24 hours notice if cancelling or rescheduling. We reserve the right to charge accordingly.

Initials _____

I understand that the purpose of the massage is to decrease muscular tension and to help with relaxation. If I experience any pain or discomfort during any sessions I will immediately inform the Practitioner so that adjustment in pressure can be made. I understand that massage is not a substitute for a medical examination, diagnosis or treatment. I affirm that I have stated all my known medical conditions and have answered all questions honestly and to the best of my knowledge. I agree to keep the Practitioners updated to any changes in my medical profile. I understand that there is no liability on the Practitioners part should I fail to do so. By signing I understand I am giving my consent for treatment.

Responsible Party's Signature/Today's Date _____

Notes:
