

The Knot Stop Massage Studio

Health History Form

Welcome to our studio. An accurate health history is important to ensure that it is safe for you to receive massage treatment. If your health status changes in the future please let us know. All Information on this form is confidential.

Patient Name: _____

Address: _____ City _____ Postal Code: _____

Phone #: _____ Email: _____

Date of Birth: _____ Occupation: _____

Have you received massage therapy before? ___ Yes ___ No

Primary complaint: _____

Insurance Company: _____

<p>Respiratory</p> <ul style="list-style-type: none"> <input type="radio"/> Chronic cough <input type="radio"/> Shortness of breath <input type="radio"/> Bronchitis <input type="radio"/> Emphysema <p>Cardiovascular</p> <ul style="list-style-type: none"> <input type="radio"/> High blood pressure <input type="radio"/> Low blood pressure <input type="radio"/> Phlebitis <input type="radio"/> Stroke <input type="radio"/> Pacemaker <p>Head and Neck</p> <ul style="list-style-type: none"> <input type="radio"/> Vision problems <input type="radio"/> Ear problems <input type="radio"/> Hearing loss 	<p>Other Conditions</p> <ul style="list-style-type: none"> <input type="radio"/> Loss of sensation <input type="radio"/> Diabetes <input type="radio"/> Allergies <input type="radio"/> Epilepsy <input type="radio"/> Cancer <input type="radio"/> Arthritis <input type="radio"/> Pregnant <input type="radio"/> Migraines <p>Infections</p> <ul style="list-style-type: none"> <input type="radio"/> Hepatitis <input type="radio"/> Skin conditions <input type="radio"/> TB <input type="radio"/> HIV 	<p>Soft Tissue Pain</p> <ul style="list-style-type: none"> <input type="radio"/> Neck <input type="radio"/> Low back <input type="radio"/> Mid back <input type="radio"/> Upper back <input type="radio"/> Shoulders <input type="radio"/> Arms <input type="radio"/> Legs <input type="radio"/> Knee <input type="radio"/> Other <p>What is your general health status?</p>
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Current medications:

Medical Doctors Name:

Previous Surgery:

Previous injuries:

How did you hear of us:

Cancellation Policy: I understand that a minimum of 24 HOURS NOTICE IS REQUIRED FOR CANCELLING OR RESCHEDULING of appointments at The Knot Stop. Without adequate notice, the price equivalent to the full cost of the missed visit will be billed at your subsequent visit. INITIAL _____

Please read carefully and sign.

I attest that the information I have provided is true and complete to the best of my knowledge.

I understand that the information provided is confidential.

I consent to therapeutic massage therapy.

I am responsible for any charges incurred in the course of my treatment.

<p>Signature _____</p>	<p>Today's Date _____</p>
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1. CONSENT TO COLLECT AND EXCHANGE PERSONAL INFORMATION

(This gives us permission to do direct billing on your behalf)

Date

Signature

Print Name

2. BENEFIT ASSIGNMENT FORM

*(This gives us permission to keep your benefit information on file *confidential*)*

Date

Signature

Print Name

ONLY PERTAINS TO CLIENTS USING DIRECT BILLING/NO OBLIGATION TO SIGN IF YOU DO NOT HAVE BENEFITS