

Center For Life Chiropractic
1004 NW Milwaukee Ave. Suite 200
Bend, OR 97701
541-312-9794

Massage Intake Form

The information provided is confidential and will not be shared without your permission.

Name: _____ Date of Birth: _____

Home Phone: _____ Cell/Work Phone: _____

Occupation: _____

Dr. Name: _____ Phone Number: _____

Under any medical treatment?: Yes No

Have you ever had surgery? Yes No

If Yes, please explain _____

Have you ever been in an accident? Yes No

If yes, please explain any injuries obtained and when: _____

Please list any medication you are currently taking: _____

Blood Pressure: High Low Normal

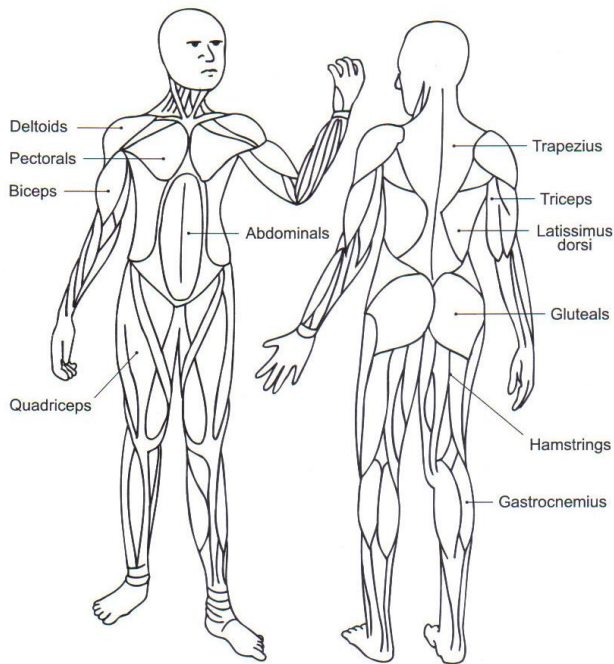
Are you pregnant: Yes No

If yes, how many weeks/months? _____

Last Name: _____

Date: _____

Please indicate on the image where you have pain or discomfort:



Please check if you have or have had any of these conditions:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Numbness / Lack of Sensation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Painful Menstruation |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Poor Circulation |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Rashes |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Other |

If other, please explain:

Signature: _____

If under 18, parent or guardian signature: _____

PLEASE NOTE: We require that you provide 24 hours advance notification of appointment cancellation or changes. Appointments cancelled in less time will be subject to a \$25 charge to the client.

_____ Initial