



TWIN PALMS CHIROPRACTIC HEALTH CENTER, INC.

Massage & Cupping Therapy

Today's Date: _____

Email Address: _____

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: ____/____/____ Sex: Male Female

Height _____ Weight _____ Phone _____ Cell _____

Have you ever had a massage treatment before? Yes No

Are you presently being treated by a Physician or other medical practitioner? Yes No

If yes, list Physician's name _____ Reason for treatment _____

Please indicate if you have or had any of the following:

Arthritis: Yes No

Date of Diagnosis _____

Aneurysm: Yes No

Bursitis: Yes No

Date of Diagnosis _____

Cancer: Yes No

Date of Diagnosis _____

Type of Arthritis: _____ Area affected _____

Treatment _____ Acute Pain now? Yes No

Date of Diagnosis _____

Area of Body Affected _____

Treatment _____ Acute Pain now? Yes No

Area of Body Affected _____

Treatment _____ Acute Pain now? Yes No

Cardiac/Circulatory Conditions:

Angina Atherosclerosis Arteriosclerosis CHF Heart Attack

Pacemaker Irregular Heart Beat Varicose Veins

Other _____

Date of Diagnosis _____ Treatment _____

Colitis Yes No

Date of Diagnosis _____

Diverticulitis Yes No

Treatment _____ Acute Pain now? Yes No

Diabetes Yes No

Date of Diagnosis _____ Treatment/Medication _____

Neuropathies Yes No

Other Complications _____

Fibromyalgia Yes No

Area of Body Affected _____

Date of Diagnosis _____

Treatment _____ Acute Pain now? Yes No

808 Venice Avenue, East Venice, FL 34285

Phone: (941) 412-3800 Fax: (941) 486-0390 <http://www.twinpalmschiro.com>

Continuation...

High Blood Pressure Yes No Medication _____

Injuries (Recent) Yes No Explanation _____

Kidney Problems Yes No
Date of Diagnosis _____ Treatment _____ Acute Pain now? Yes No

Liver Problems Yes No
Date of Diagnosis _____ Treatment _____ Acute Pain now? Yes No

Muscular/Neuromuscular Problems Yes No Area of Body Affected _____
Date of Diagnosis _____ Treatment _____ Acute Pain now? Yes No

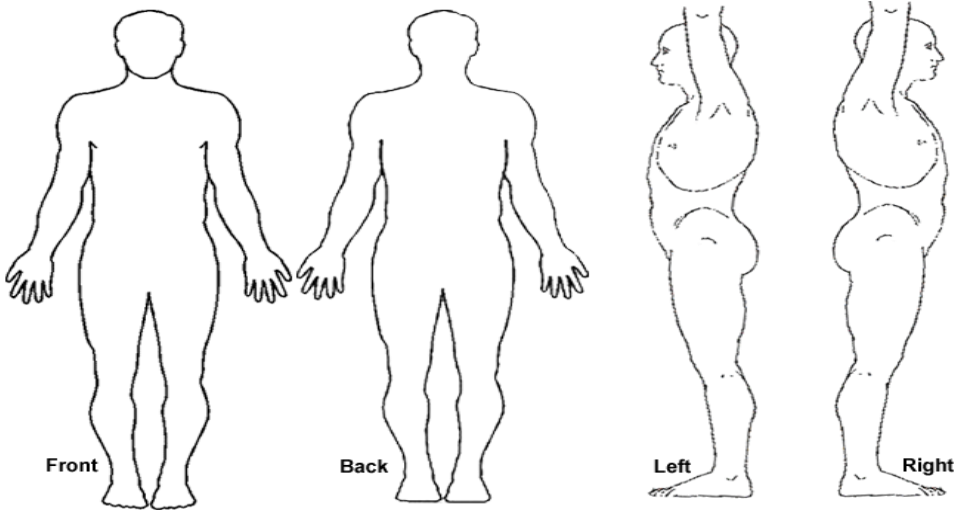
Neurological Problems Yes No Type: ALS MS Cerebral Palsy Stroke
 Other – Please Explain _____

Skeletal Problems Osteoporosis Broken Bone Scoliosis
 Other – Please Explain _____

Skin Rashes Yes No Area of Body Affected _____
Date of Diagnosis _____ Treatment _____ Acute Pain now? Yes No

Lymphatic Issues _____

PLEASE INDICATE AREA(S) OF PAIN ON BODYCHARTS BELOW:



Client Signature _____ Date _____



TWIN PALMS CHIROPRACTIC

HEALTH CENTER, INC.

Massage Therapy Disclaimers and Policies

MediCupping™ Disclaimer

This facility has provided me with information on MediCupping™ therapy. If I choose to experience this therapy in my treatment, I understand the effects and after-care recommendations. It has been explained to me that there is the possibility of a skin discoloration or, "Cup Kiss," appearing as tissue is released. I am aware that a "Cup Kiss" is not a bruise and that it will dissipate within a few hours to a few days.

This facility and the therapist will not be held liable for indications that arise during or after the treatment and I agree to notify the therapist if there is any discomfort during the session. I have stated all relevant physical conditions and will inform the therapist of any changes in my health.

Late and Cancellation Policy

Effective June 1, 2013 TPCHC has established a late and cancellation policy for massage and lymphatic drainage therapy appointments. This policy will apply to all clients of TPCHC whether new or old. Our intention is not to punish our clients, but to protect our therapists, who are paid by appointment only.

Our massage therapists are very happy to accommodate your busy schedule and adjust to your needs. Because of their flexibility, it is only reasonable to expect our clients to show up on time and if the client needs to cancel, that the client cancels within 24 hour notice. Otherwise, the therapist ends up being late for their next appointment or most likely loses business if the client does not show up as they could have booked another client. With this in mind, TPCHC has adopted the following Late and Cancellation Policy.

Late Policy

If a client is late, the appointment will start ASAP and the appointment will end at the originally scheduled time. If the therapist does not have another appointment following your session, it may be possible to extend the end time to provide you with the full length of the session. If the therapist does have a session after yours, the appointment will end as scheduled and you will be charged the full amount of the originally scheduled time.

Cancellation Policy

If the client cancels 24 hours ahead of the appointment, there will be NO charge. If the client cancels within less than 24 hours, the client will be charged 50% of the scheduled fee. If a client does not show up for a scheduled appointment, they will be charged the full amount of the session. No Exceptions.

I have read and understand the above disclaimer and policies pertaining to massage therapy appointments.

Name (print) _____

Client Signature _____ Date _____