



Thank you for choosing Genesis Chiropractic

Name: _____ Date of Birth: _____ Date : _____

Street Address: _____ Referred By: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation _____ Employer: _____

Name of Spouse/Significant Other: _____ Marital Status: (S) (M) (D) (W)

Emergency Contact Name and Phone#: _____

Are you a Chiropractic Patient? (Y) (N) Where? _____

Have you received massage therapy before? (Y) (N)

What are your goals for this session? _____

Present symptoms: _____

Are you under Chiropractic/Medical/Therapeutic treatment? (Y) (N)

Describe treatments: _____

Please list all medical providers and phone #'s (PCP, specialist):

List all medications (including aspirin) and nutritional supplements you are taking:

Specify any allergies: _____ Comments regarding your health
or any emotional stress you may be dealing with:

Do you have any infectious or communicable disease or conditions? (Y) (N)

What? _____

Are there any injured areas or conditions, such as bruises, cuts, sores, abnormal blood pressure, blood clots or cancer that may be aggravated by massage? (Y) (N)

What? : _____

Do you like Aromatherapy? (Scented oils) (Y) (N)

Any allergies to fragrances of flowers (Y) (N)

In undertaking a massage at Genesis Chiropractic, I (print name) _____ agree that: the purpose of the massage is to provide stress relief, pain control and relax. The therapist will not treat, prescribe, or diagnose an illness, disease, or any other physical or mental disorder. Nothing said in the course of a massage session should be misconstrued to be such. I understand that massage involves having my body touched. I hereby authorize the therapist to perform a massage. I understand that any relief of physical or emotional symptoms is the product of process which resides within me. Control of the session is always mine and I can stop at any time. In spite of understanding, I agree to hold Genesis Chiropractic and its employees blameless for any problem which may arise as a result of my massage.

I have read, understand and agree to the above.

Signature: _____ **Date:** _____