

Hillsboro Sports Medicine Massage Therapy Questionnaire.

Manual Therapist: Christine Beeson, LMT,MMP _____ HEALTH INFORMATION PAGE 1

Patient Name: _____ Date: _____

A: Patient Information:

Address: _____ City: _____

State: _____ Zip: _____

Work number: _____ Cell: _____

Emergency Contact: _____ Phone: _____

B. Current Health Information:

List Health Concerns Check all that apply

Primary _____

Pain:

- Mild _____
- Moderate _____
- Disabling _____

Secondary: _____

Pain:

- Mild _____
- Moderate _____
- Disabling _____

C: Health History:

List dates and treatment

Surgeries/injuries _____

Medication: _____

D: List of daily activity limited by condition:

Work _____

Home/Family _____

Sleep/selfcare: _____

Social: _____

Have you ever received a massage? YES NO

Have you ever received Chiropractic Care: YES NO;

If yes are currenting under Chiropractic treatment: YES NO

Massage Cancellation Policy and Consent.

Failure to cancel or modify your appointment less than 4 hours before your scheduled appointment time will result in a 50% fee charged to your credit/debit card on file of the set appointment. You will be considered a “no call, no show” if you fail to show for your scheduled appointment without canceling, this action will result in a 100% fee charged to your credit/debit on file.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This Authorization will remain in effect until cancelled.

Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name:(as shown on card)	_____
Card Number:	_____
Expiration Date (mm/yy)	_____ 3-or 4-digit Code: _____
Card holder Zip Code (from credit card billing address)	_____

Consent:

1. I have the opportunity to ask questions and discuss the potential benefits and possible side effects of massage with the therapist at time of service.
2. the Unclothed body will be properly draped at all times for your warmth and sense of security and as mark of massage professionalism.
3. I understand that massage is not a sexually oriented in any way and that any illicit or suggestive remarks or behaviors on my part will result in immediate termination of the session.

I _____ authorize **Christine Beeson of Hillsboro Sports Medicine** to charge my credit card. I Consent to Massage treatments.