Beecher Chiropractic & Wellness Center

428 Beecher Road/Gahanna, OH 43230/ 614-855-5533/ Fax 614-855-5566

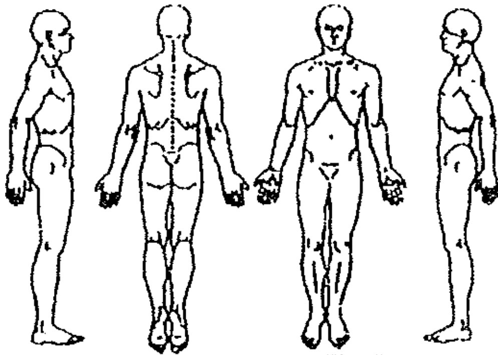
Massage/Energy Work Treatment Form

Name:____Date:______________
Address:____Birthdate:__________
City/State/Zip:_____________________________________Phone:_____________
Occupation/Employer:________________________________Referred By:_________
Emergency Contact:__________________________________Phone:_____________

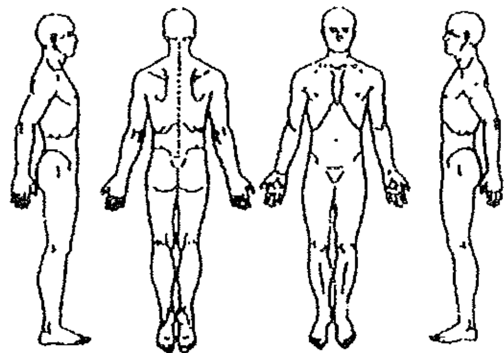
Medical History

Previous major illness:____

Previous broken bones or other injuries (please highlight)



Current areas of pain or discomfort (please highlight)



Please check all that apply:

□AIDS/HIV	□Anemia	□Arthritis Asthma	□Bleeding Disorder	□Breast Lump
□Bronchitis	□Cancer	□Diabetes	□Emphysema	□Epilepsy
□Fractures	□Heart Disease	□Hepatitis	□Hernia	□Herniated Disc
□High Cholesterol	□Kidney Disease	□Liver Disease	□Migraine	□MS
□Osteoporosis	□Pacemaker	□Prosthesis	□Polio	□Parkinson's Disease
□Psychiatric Care	□Stroke	□Thyroid problems	□Tumors/growths	□Ulcers
□Rheumatoid arthritis	□Rheumatic fever	□High blood pressure		

Have you ever received a professional massage? Yes No
If yes, how often:__________________ Date of last massage:__________________

Have you ever received Energy Work? Yes No If yes, please circle which type:
Body Energy Work *Craniosacral* *Reiki* *Reflexology* *Trager* *Other:*_______

What results would you like from your massage or energy work?_______________
____

Are you currently seeing a medical practitioner? Yes No If yes, please explain condition:______
____

List stress reduction and exercise activities including frequency:_______________
____

(over)

It is my choice to receive Massage Therapy/Energy Work at ***Beecher Chiropractic & Wellness Center***. I realize that the treatment is being performed for the well being of my Body, Mind & Spirit. This includes but is not limited to stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well being is being compromised.

I understand that Massage/Energy Practitioners do not diagnose illness, disease, or any other physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. I acknowledge that massage/energy work is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary care provider for that service.

I have stated all medical conditions that I am aware of and will update my massage/energy practitioner of any changes in my health status.

I will indemnify and hold harmless ***Beecher Chiropractic & Wellness Center*** from any Claims arising from the independent contractor's treatment.

SIGNATURE:____ DATE:_________________________