

Healing Balance Massage Therapy
healingbalancespokane@gmail.com

New Patient Intake

All information will be kept confidential

Personal Information

Name _____ Date _____

Address _____ City _____ State _____

Zip _____ Phone # _____ Secondary Phone# _____

Email _____

Best way to reach you? Check all that apply: ___ Phone call/Voicemail ___ Text ___ Email

Occupation _____ General state of health _____

Referred by _____ Date of Birth ___/___/___ Age _____ Male/Female

Emergency contact: Name _____ Relationship to you _____

Phone # _____

Medical and Health Information

Are you under the care of a physician or health care provider (Chiro, Acupuncture, etc)? Y/N?

For what condition(s) _____

Physician's name and Phone# _____

Where in your body do you feel discomfort, pain, stress or tension: _____

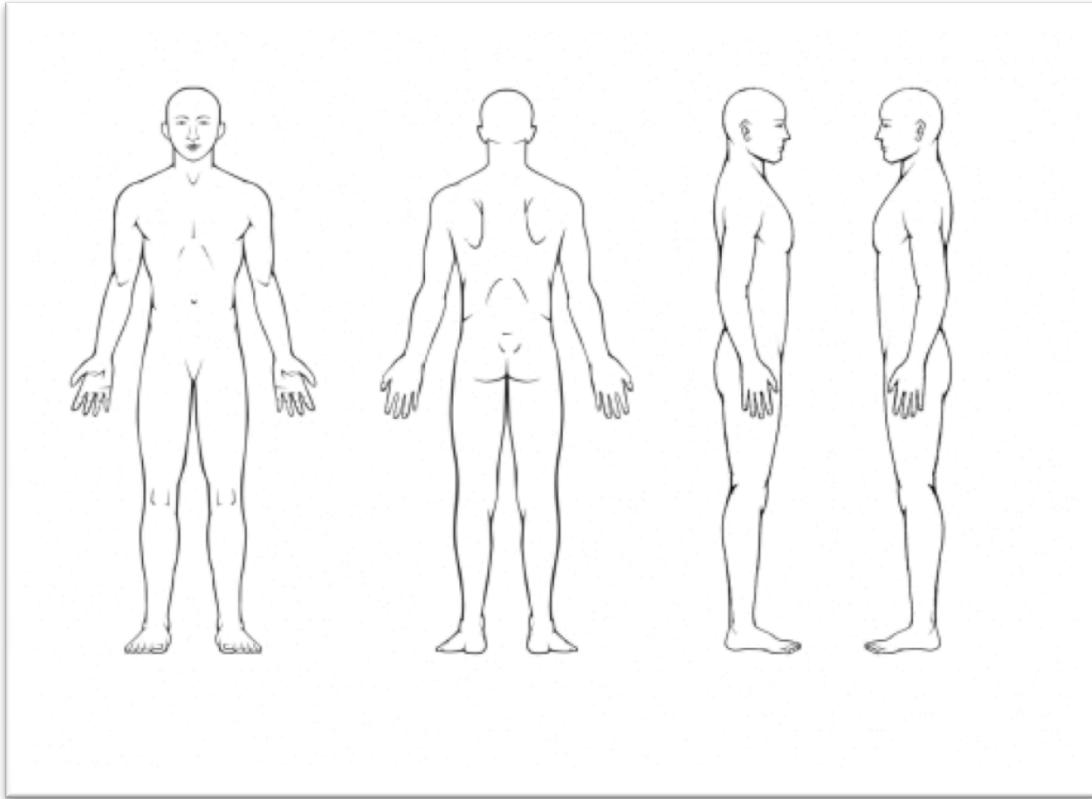
Date it begin? _____ What makes it better? _____

What makes it worse? _____

Types of treatment(s) received for it? _____

Any range of motion restrictions? _____

Please use the diagram below to indicate areas of tension, pain or discomfort:



What would you like from the massage today? _____

Health Alerts

Recent accidents, illnesses, surgeries or injuries? Y/N

If yes please describe: _____

Please list any medication you take _____

Are you currently experiencing any of the following conditions? ___Flu or Cold ___ Inflammation

___Fever ___Infection ___ Contagious Disease Are you Pregnant? Y/N

Do you have any skin, Nervous system, respiratory or circulatory afflictions?

Do you have Arthritis or Osteoporosis or any other joint issues? _____

Do you have any metal implants (plates, pins, etc.), joint replacements, or a pacemaker? Y/N?

If yes, please describe _____

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health.

Signature

Today's Date

Office Policies:

If you like us to bill your insurance for the massage please complete the separate Insurance Packet.

If you are not using insurance for the massage we offer:

Wellness Massage Rates: \$60 for 1 hour massage. \$90 for 90 min massage.
\$80 for 1 hour Hot Stone massage
\$110 for 90 min Hot Stone massage

Wellness Package Rates: \$250 for five 1 hour massages (\$10 off each massage)
\$450 for ten 1 hour massages (\$15 off each massage)

Gift Certificates are available and expire 4 months from the date of purchase.

Payment Options: We accept Visa cards, cash and local checks. Payment/co-payment is expected at the time of service unless we are billing insurance for you.

Phones: As a courtesy to the other massage clients we please refrain from talking on your phone in the waiting room and turn it completely off during your treatment.

Appointments and Cancellations:

- All massage sessions are by appointment only.
- As a courtesy to other massage clients, late arrivals will not receive an extension of their massage appointments and will be charged the full price.
- If you need to cancel please contact me 24 hours in advance so that another client can fill that time slot. You may cancel via online scheduling, emailing healingbalancespokane@gmail.com, or calling (503) 772-4340. Without 24 hours advanced notice you will be charged the full price of the appointment.
- For established clients only: if you send a paying client in your place there is no penalty.