

Humble Holistic Therapies

at Eagle Chiropractic Health Center

Client Intake Form



Personal Information

First Name: _____ Last Name: _____
Birthday: ____/____/____ Gender: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Referred by: _____
Physician Name: _____ Physician Phone: _____
Emergency Contact Name(s): _____
Emergency Phone(s): _____

Reason for Visit

How would you rate your general health?

Poor Fair Good Excellent

Have you ever had a professional massage?

No Yes → If so, last time? _____

Describe any injuries, concerns, or issues to address:

(please explain causes and dates of occurrences if known)

Describe any treatment you've received or are receiving for what's listed above:

Describe your treatment goals:

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Health History (please circle any/all that apply)

Cardiovascular

Congestive heart failure	Embolism	Heart attack
Heart disease	Hemophilia	High blood pressure
Low blood pressure	Pacemaker	Phlebitis
Poor circulation	Stroke	Thrombosis
Varicose veins	Family history: _____	

Head & Neck

Dizziness	Ear problems	Headaches
Hearing loss	Jaw pain (TMJ)	Migraines
Vision loss	Vision problems: _____	

Musculoskeletal

Arthritis	Artificial joint	Bursitis
Osteoporosis	Surgical pin/wire	Tendonitis

Neurological

Epilepsy	Multiple sclerosis	Numbness/tingling
Sensory loss/change	Sciatica	Seizures

Respiratory

Asthma	Bronchitis	Chronic cough
Emphysema	Shortness of breath	Sinusitis
Smoker	Tuberculosis	Family history

Reproductive

Given birth	Pregnant	Gynecological problems
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Skin

Bruise easily	Skin conditions	Skin infections
Skin irritations		

Miscellaneous

Anxiety	Cancer	Depression
Diabetes	Digestive conditions	Fibromyalgia
HIV/AIDS	Stress	Other: _____

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Waiver

Please read fully and sign:

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that today's services are not a substitute for medical care and that my therapist is not qualified to diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition and that there shall be no liability on the therapist's part should I forget to do so.
- I understand that massage is entirely therapeutic and on-sexual in nature.
- By signing this release, I waive and release my therapist from any liability, past, present, and future, relating to massage therapy and bodywork.

Signature:

Date:
