

WELCOME TO BISCAYNE CHIROPRACTIC CENTER



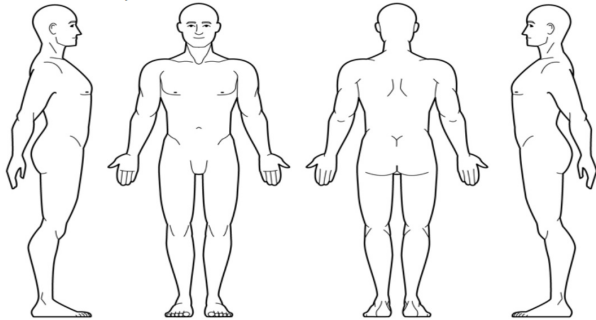
PERSONAL INFORMATION

Name _____ Home Phone _____ Cell _____
 Address _____ Apt # _____ City/State/Zip _____ DOB _____
 Email _____ How did you hear about us? _____
 Emergency Contact _____ Relationship _____ Phone _____
 Physician/Phone _____ Occupation _____
 How would you like to be notified of your appointment: e-mail mobile text, (standard carrier rates may apply)

MESSAGE INFORMATION (circle please)

Have you had a professional massage before? No Yes
 What type of massage are you here for today?
 Relaxation/Swedish Deep Tissue Therapeutic Pre-natal
 Other _____
 What pressure do you prefer? Light Medium Deep
 Do you have any allergies or sensitivities? No Yes
 Please explain _____
 Are there any areas of your body that you do not want massaged?
 No Yes If yes, Please explain _____
 What are your goals for this treatment session?

Please circle any areas of discomfort:



MEDICAL INFORMATION

Are you taking any medications? No Yes
 If yes, please list name and use: _____
 Are you currently pregnant? No Yes _____ Weeks
 Any risk factors? _____
 Do you suffer from chronic pain? No Yes
 What makes it better? _____
 What makes it worse? _____
 Have you had any orthopedic injuries? No Yes If yes, please explain:

If you currently have any of the following, your massage CANNOT be performed until the condition(s) subside.

- Contagious Disease (Cold/Flu)
- Kidney Problems
- Skin Rash or Disease
- Fever
- Under Influence of Drugs or Alcohol
- Blood Clots
- Shingles Infection
- Pregnancy (1st Trimester Only)

initials

Please indicate any of the following that apply to you.

- Heart Conditions
- High Blood Pressure
- Osteoporosis
- Cancer
- Bell's Palsy
- Epilepsy
- Angina
- Pacemakers
- Recent Injury
- Neurological Condition
- Recent Operation

POLICY

- All of our services include time for undressing and dressing.
- I am 18 years or older and I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.
- Minors between the ages of 8-17 must have a parent or legal guardian in the room during the massage session. No services will be rendered on minors under the age of 8 years old. Parent or Guardian must sign this form.
- If pregnant, I know the potential risks of massage therapy during pregnancy and acknowledge that I am no longer in the first trimester.
- I understand that massage is not a replacement for medical care and that no medical diagnosis will be made. I agree it is my responsibility to obtain medical clearance prior to my massage if I suffer from any of the above conditions. I also understand that bruising may occur from a deep tissue massage or cupping.
- My health condition and contact information will change from time to time and it is my responsibility to update changes to my medications, personal, and health information.
- Any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the session and I am responsible for full payment.
- All appointments are subject to Biscayne Chiropractic Center's Cancellation Policy: Should I cancel or miss an appointment with less than 24 hour notice, I authorize Biscayne Chiropractic Center to charge my Credit/Debit Card for \$25 for same day cancellations or \$59 for missed appointments.
- My signature below authorizes Biscayne Chiropractic Center to place my credit card on my account and charge membership, no show or cancellation charges for all services.
- **Membership:** If I join any membership program offered by Biscayne Chiropractic Center, Inc, I consent that my credit/debit card will be charged monthly on the date that I join. I understand that there is a three month commitment, I must cancel prior to the renewal date and I must maintain my membership to use my rollover massages. If I do not maintain my membership, I understand that my rollover massages are forfeited. A credit card authorization form may or may not be filled out at time of joining.
- **Email Policy:** We will use your e-mail address for appointment reminders, promotions and News from Biscayne Chiropractic Center. Your privacy is very important to us. We will not sell, rent or give your name or address to anyone. To unsubscribe, or to receive less or more information, you can select the link at bottom of every e-mail.
- I agree not to purchase a Groupon in the future for any service even if I received the Groupon price in office. Groupons are for new patient's only. We Will Ask You To Cancel The Voucher.

By signing, I agree to abide by all the terms above and policies set forth by Biscayne Chiropractic Center/Lifestyle Adjustment. This will also act as an authorization to charge my card on file for any fees due, services rendered or payments due.

←turn over please

Client Signature _____ Date _____ Therapist Signature _____