

# WELCOME TO BISCAZYNE CHIROPRACTIC CENTER



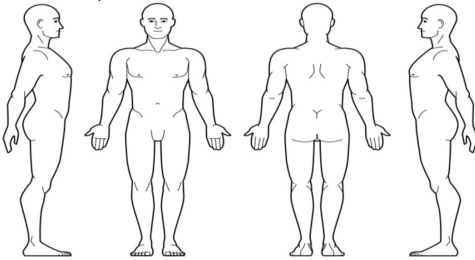
## PERSONAL INFORMATION

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)

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

## EMAIL/CELL PHONE POLICY

- We will use your e-mail address for appointment reminders, promotions and news from Biscayne Chiropractic Center/Lifestyle Adjustment. 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. Standard carrier rates may apply for text message.

## MESSAGE 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, I acknowledge and agree that 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. I will inform the therapists and/or office if any of my information changes.
- 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 as well as a release form.
- If pregnant, I know the potential risks of massage therapy during pregnancy and acknowledge that I am no longer in the first trimester and I have obtained medical clearance prior to my massage.
- 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 health conditions. I also understand that bruising may occur from a deep tissue massage or cupping.
- 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.

**GROUPON:** If I have purchased a Groupon, I agree not to purchase a Groupon in the future for any service even if I received the Groupon price in office. All Groupon packages must be used within two months of initial treatment. Groupons are for new patients only. We Will Ask You To Cancel The Voucher.

**APPOINTMENTS CANCELLATION POLICY:** For all massage appointments: **There is a 24 hour cancellation policy.** A \$39 cancellation fee will apply if cancelled within 24 hours or same day. If you do not show for your appointment or cancel within an hour of your massage, you will be charged the full amount of your scheduled massage session (including membership appointments - pay or reduce by one).

**MEMBERSHIP POLICY:** 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 and will continue until I send a cancellation email. **All Memberships have a six month commitment.** I UNDERSTAND THAT if my credit card does not go through on the pre-arranged date (denied for any reason), I give permission to Biscayne Chiropractic Center to continue to submit the charge. If my card is unable to be charged, I understand that all of my rollover massages are forfeited.

**CANCELLING MESSAGE MEMBERSHIPS:** If I cancel my membership, I understand that in the event that I have more than two rollover massages, only two will rollover and must be used within two months of my last renewal date. All additional massages will be forfeited. I must cancel my membership prior to the renewal date (by email) and I must maintain my membership to use any of my rollover massages.

**PAUSING MESSAGE MEMBERSHIPS:** If I choose to pause my membership, all outstanding massages are also paused. To resume a massage membership, I must un-pause my membership and restart the membership.

**MESSAGE AND CHIROPRACTIC PACKAGES:** If I purchase a massage or chiropractic package (now or in the future), I understand that it is not refundable or shareable and must be used within six months of purchase.

By signing below, I understand all of the above and my information (personal and credit card (if applicable)) will be saved to file for future transactions, including but not limited to deposits, membership purchases billed in time, or any transaction(s) for goods or services on a prearranged, recurring billing schedule. I also agree to abide by all the terms above and policies set forth by Biscayne Chiropractic Center and this will also act as authorization to charge my card on file for any fees due, late fees, cancellation fees, services rendered or payments due for me or my children or spouse. I understand the above and I am aware that Biscayne Chiropractic Center offers reduced fees (time of service discounts). These fees cannot be combined with any insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Therapist Signature \_\_\_\_\_