TRUE NORTH MASSAGE

Sheila Resari, LMT #12784
5517 N Commercial Ave, Portland, OR 97217
Ph: 503-880-7977 Fax: 503-223-1188
www.truenorthmassage.com

Confidential Information

Name_____ Date of initial visit _____

Address_____

Primary Phone _____ Alternate Phone _____

Email _____ Referred By _____

Date of Birth_____ Age _____ Occupation_____

Emergency Contact _____ Phone _____

Reason for Visit

Primary reason for visit_____

When did you first notice it? _____ What brought it on?_____

Describe any stressors occurring at the time_____

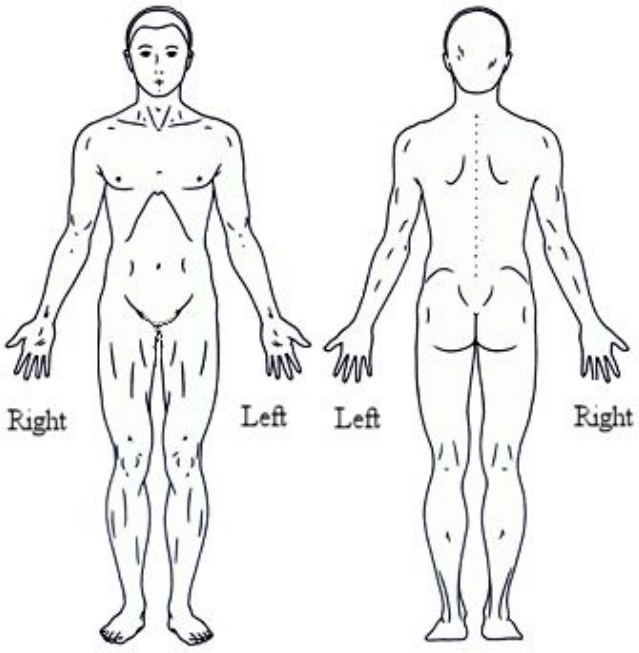
What activities provide relief?_____ What makes it worse?_____

Is this condition getting worse?_____ Interfere with work____ sleep____ recreation ____

Is this visit related to a work-related injury or auto accident? □ Work □ Auto □ Neither

Please list, in order of importance, any other reasons you are here today _____

_____



Mark your sensations on the picture:

Numbness = = =	Sharp/Stabbing	/ / /
Dull Ache OOO	Pins, Needles	+ + +
Burning XXX	Other _____	^ ^ ^

Circle degree of discomfort: 0 none, 10 severe

0 1 2 3 4 5 6 7 8 9 10

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Medical History

Are you under the care of another health care provider(s)?_____ Reason (s)_____

Insurance carrier (if billing)_____ Plan number_____

Have you had massage before?_____ Likes/dislikes:_____

Medications/Supplements & side effects _____

Allergies/Sensitivities & reaction_____

Any Illness, Injury, Surgery, or Trauma in past 3 years *or* that still affects you (date, treatment, status):

_____

_____

Mark any conditions you have currently or have experienced recently (past year):

GENERAL
__ Dizziness
__ Fainting
__ Headache/Migraines
__ Sleep Disorder
__ Fatigue

MUSCLES & JOINTS
__ Muscle Cramps
__ Swollen Joints
__ Painful Joints
__ Stiff Joints
__ Joint Replacement
__ Joint Instability
__ Sore Muscles
__ Weak Muscles
__ Sprains/Strains
__ Broken Bones
__ TMJ Issues
__ Disc Problems
__ Scoliosis
__ Arthritis
__ Osteoporosis

GENITO-URINARY
__ Kidney Infection
__ Kidney Failure
__ UTI
__ Bladder Control Loss
__ Painful Periods
__ Currently Pregnant
__ IUD

NERVOUS SYSTEM
__ Numbness/Tingling
__ Shooting Pain
__ Sciatica
__ Depression
__ Anxiety
__ Confusion
__ Loss of Memory

RESPIRATORY
__ Asthma
__ Bronchitis
__ Common Cold
__ Flu

CARDIO-VASCULAR
__ High Blood Pressure
__ Low Blood Pressure
__ Heart Condition
__ Chest Pain
__ Poor Circulation
__ Strokes
__ Anemia
__ Edema
__ Varicose Veins
__ Blood Clots
__ Phlebitis
__ Aneurysm

GASTRO-INTESTINAL
__ IBS
__ GERD
__ Hepatitis
__ Constipation
__ Diarrhea
__ Nausea
__ Abdominal Pain
__ Ulcer
__ IBD

SKIN OR ALLERGIES
__ Boils
__ Scar Tissue
__ Acne
__ Bruising Easily
__ Eczema/Dermatitis
__ Rash
__ Psoriasis
__ Warts
__ Fungus
__ Itching
__ Sensitive Skin
__ Cut/Bruise/Burn
__ Herpes
__ Other Contagious Condition

OTHER
__ Cancer
__ Tumors
__ Epilepsy
__ Diabetes
__ Chronic Pain
__ _____

I verify that all of the information provided is correct and current to the best of my knowledge and will inform my practitioner of any changes in my health.

Signature: _____ Date:_____

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Massage Policies

Please read the following statement carefully, then sign and date at the bottom.

- I take responsibility to update any pertinent health or contact information during future visits. I take responsibility for my personal belongings.

- I understand that the therapist does not diagnose, treat, or prescribe for any illness, ailment or disease, nor do spinal adjustments. Massage is not a substitute for medical examinations and/or diagnosis, and I should see a physician if needed.

- I am aware that this is a non-sexual massage. Any misconduct or inappropriate behavior will result in immediate termination of the massage with full payment due. I understand that I will be fully covered with a sheet (known as a "drape") at all times and only the body part being worked on will be uncovered.

- I understand that I am in control of my session and can stop at any time; I will comment on my comfort or discomfort regarding pressure, technique, or area. I understand that for my own safety and my therapist's, it is unacceptable to receive bodywork while under the influence of alcohol or illicit drugs.

- If I running late for an appointment, I agree to call as soon as possible; I understand that my time may be shortened as a result. I understand that 24 hours notice of cancellation is required. For a late cancellation or missed appointment, I will be responsible for a **$30 fee**.

- It is my responsibility to pay for all services provided. In the event that my insurance company denies payment or makes a partial payment, I am **responsible for the balance**. By paying for my session at the time of service, I qualify for a time-of-service discount.

- I acknowledge that I received this office's Notice of Privacy Practices, which describes my privacy rights and how my health information may be used or disclosed.

- The areas I feel **comfortable** receiving massage include (please circle):

Scalp	Abdomen	Thighs (quads/hams)	Neck
Face	Arms	Lower Legs	Back
Upper Chest (pecs)	Hands	Feet	Glutes (butt/hips)

Client Signature_____ Date_____