

Plaza Massage Therapy Client Health Intake and Liability Release Form

PATIENT INFORMATION

Name: _____ Birthday: _____

Address: _____

City/State: _____ Zip: _____

Preferred Phone Number: _____

Email address: _____

How did you hear about Plaza Chiropractic and Massage Therapy? _____

Is this your first professional massage? ___ Yes ___ No

CURRENT HEALTH INFORMATION

Are you currently under the care of a physician or therapist? (If yes, for what condition?) _____

Please list medications you are currently taking, and the conditions they address. _____

Are you experiencing any pain? _____

Where is the pain, and do you know what caused it? _____

What exercise do you regularly perform? _____

Do you have allergies or sensitivity to oils, lotions, or scents? _____

Are you pregnant? ___ No ___ Yes If yes, what week? _____

MEDICAL HISTORY

Please describe any injuries or surgeries in the past 5 years: _____

APPOINTMENTS AND CANCELLATIONS

A massage therapy session is an experience jointly created by the therapist and the client. Working together, massage encourages stress relief and body awareness. Your therapist will listen and respond to your words and to the tissues in your body to create a safe, healthy and supportive experience. All sessions are client-centered; your comfort and well-being is the highest priority. Please be on time for your appointment. Cancellation is expected 24 hours in advance for both client and therapist. **If you provide less than 24 hours notice of a cancellation, you will be responsible for a cancellation fee of the full massage amount.**

MESSAGE PRICING

	<u>Standard Pricing</u>	<u>Massage of the Month & Packages Pricing</u>	
		<i>1/month or package of 5*</i>	<i>2/month or package of 10**</i>
30 Minute Massage	\$70.00	N/A	N/A
60 minute massage	\$110.00	\$100.00	\$95.00
90 minute massage	\$150.00	\$140.00	\$135.00
		*Save \$10/massage	**Save \$15/massage

Massage of the month is a no commitment massage program to reward clients that want to receive one or more massages per month. Monthly massage pricing is automatically debited from your account on the first of the month.

Plaza Chiropractic and Massage Therapy
4145 Blackhawk Plaza Cir #101, Danville, CA 94506 (925) 964-9189

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INFORMED CONSENT

I hereby request and consent to the performance of massage, chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapy, examination, traction, and, if necessary, diagnostic xrays, on me by the doctor of chiropractic and/or by other office or clinic personnel.

POSSIBLE RISKS

I understand and am informed that, as in all health care, in the practice of chiropractic, there are some risks to treatment. These include muscle strain, ligament sprain, fracture, disc injury, dislocation, paralysis, stroke, stiffness and soreness. The ancillary procedures could produce skin irritations, burns, or minor complications.

PROBABILITY OF RISKS OCCURRING

The risks of complications due to chiropractic treatment have been described as rare, about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, which has been estimated at one in one million to one in twenty million, can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered rare.

OTHER TREATMENT OPTIONS THAT COULD BE CONSIDERED

- *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.
- *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
- *Hospitalization* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risk of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

RISKS OF REMAINING UNTREATED

Remaining untreated can further reduce ranges of motion, and induce chronic pain cycles. It is quite probable that the delay of treatment will complicate the condition; delay of treatment allows formation of adhesions, scar tissue and other degenerative changes including arthritis. These changes make future rehabilitation more difficult.

CONSENT

I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustment), as well as the contents of this Informed Consent. I consent to the chiropractic treatments offered or recommended to me by my chiropractor. I intend this consent to apply to all my present and future chiropractic care.

By signing below I acknowledge that I have read and agree to the terms of service laid out in the Plaza Massage Therapy Client Health Intake and Liability Release Form. I recognize that I am financially responsible to Plaza Chiropractic for all services provided and I authorize direct payment to Plaza Chiropractic for all services rendered in this office.

PATIENT FULL NAME (PRINTED)

SIGNATURE

DATE

If representing a minor: REPRESENTATIVE FULL NAME (PRINTED)

PERSONAL REPRESENTATIVE SIGNATURE