



## Massage Intake

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about Simple Health? \_\_\_\_\_

Is this your first professional massage? \_\_\_\_\_

What are your massage goals?

Pain Relief       Stress Relief       Chronic Conditions       Other \_\_\_\_\_

How often do you receive massage?

Weekly       Bi-Weekly       Monthly       Other \_\_\_\_\_

How often would you like to receive massage?

Weekly       Bi-Weekly       Monthly       Other \_\_\_\_\_

What limits your ability to receive massage?

Time       Cost       Location       Other \_\_\_\_\_

What days and time would you prefer to receive massage?

Days (circle one): M T W T H F SA      Time: AM/PM

How would you prefer to be contacted?

Text       Email       Phone

Would you like to receive after care instructions?

Yes       No

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



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Health History

Please be thorough in answering the following questions regarding your health history. Simple Health follows strict HIPAA guidelines and your information will be kept confidential. We require this information to ensure the safety and benefit of you and your therapist.

Do you currently have or have had any of these conditions in the past? Please check any boxes that may apply to you and provide an explanation.

- Allergies (sp. Coconut) \_\_\_\_\_
- Blood Conditions (clots, anemia, high/low pressure) \_\_\_\_\_
- Chronic Pain \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Fibromyalgia \_\_\_\_\_
- Headaches \_\_\_\_\_
- Heart Conditions \_\_\_\_\_
- Infections (including STDs) \_\_\_\_\_
- Injuries \_\_\_\_\_
- Immune System Deficiencies \_\_\_\_\_
- Pregnancy (see front desk for additional forms) \_\_\_\_\_
- Skin Conditions \_\_\_\_\_
- Surgeries \_\_\_\_\_
- Spinal Problems \_\_\_\_\_
- Other \_\_\_\_\_



Are you currently taking any medications? If so, please list them \_\_\_\_\_

\_\_\_\_\_

List any daily activities that create pain or stiffness (including exercise, work related activities etc.)

\_\_\_\_\_

\_\_\_\_\_

I attest that the above information is true and correct. \_\_\_\_\_ (please initial)

I \_\_\_\_\_, understand that massage is basically for the purpose of stress management, relief of muscle tension and to promote wellness. I also understand that massage therapists do not diagnose mental or physical illnesses nor do they prescribe medication for treatment of disease.

A massage therapist works on soft tissue and may integrate gentle range of motion exercises to the joints but will not administer spinal manipulations.

Cupping is a common adjunct therapy to massage therapy and will be administered by the massage therapist or licensed Acupuncturist. I understand that bruising is a common side effect of cupping. Since a massage therapist must be aware of existing physical conditions, I have stated any pertinent information and will keep my therapist up to date prior to any sessions. I waive and release any and all claims for damages I may have against "Simple Health Chiropractic" it's staff or affiliates. I agree to "Simple Health Chiropractic" harmless and indemnify it for any incidents(s) arise from my use of "Simple Health Chiropractic" facilities.

I have read and understood the above.

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



Simple Health  
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Fax: (562) 424-1055  
Email: simplehealthchiro@gmail.com

## SIMPLE HEALTH LATE CANCELLATION AND MISSED APPOINTMENT POLICY

At Simple Health, we understand that unanticipated events happen occasionally in life. While truly sympathetic, the clinic cannot absorb the financial responsibility of last minute cancellations. In our desire to be effective and fair to all clients, the following policies are in effect.

**All appointments require a 24-hour notice for cancellation.** This allows the opportunity for someone else to schedule an appointment. Any late cancellations or no-shows within less than 24 hours of appointment time are subject to a fee of **\$25**.

### Massage Appointments:

Since all massage services are by appointment only, a major credit card on file is required to hold your appointment. Your credit card will not be charged until services are rendered, unless you fail to cancel within 24-hours and/or no-show to your appointment. If you are unable to give us 24-hours notice, your credit card on file will be charged a fee of \$25. **You have the option to pre-pay for your massage if you do not want to have a credit card on file.**

### Pre-Paid Package Appointments:

If you have a Pre-Paid package for any service and you are unable to give us 24-hours advance notice to cancel your appointment, you will be billed a fee of \$25. If you do not have a credit card on file, you have 3 business days to pay the cancellation fee, otherwise a session will be deducted from your package equal to the missed appointment time.

We have tried to make this information clear and understandable. Should you have any additional questions, please feel free to discuss this with our reception.

- I have read the following information above and have been informed of the policies and procedures regarding cancellations.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SimpleHEALTH  
ACUPUNCTURE & CHIROPRACTIC

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## SIMPLE HEALTH CREDIT CARD ON FILE AUTHORIZATION

Information to be completed by the card holder:

Card holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digit code on back or 4 digit code in front for AMEX)

Billing Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Per the Cancellation/ No-show Policy which I have read and signed

I, \_\_\_\_\_ authorize Simple Health Chiropractic to charge the above credit card in the amount of \$25 for any late cancellation or no-show appointments. I agree to update any information regarding this account. The above information is complete and correct to the best of my knowledge.

Card holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_