The Massage Approach at
The Vitality Center
66 Austin Blvd.
Commack, NY 11725

Confidential Information

Welcome. We want to make your visit as pleasant and comfortable as possible.
If at any time you have questions regarding your visit, please let us know.

NAME_____ HOME PHONE_____ WORK PHONE_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

DATE OF BIRTH_____ AGE_____ SEX_____ MARITAL STATUS_____

OCCUPATION_____ REFERRED BY_____

REASON FOR VISIT_____ EMAIL_____

HAVE YOU EVER RECEIVED MASSAGE THERAPY BEFORE? YES [ ] NO [ ]

TYPE OF MASSAGE EXPERIENCED: DEEP TISSUE [ ] SWEDISH [ ] OTHER_____

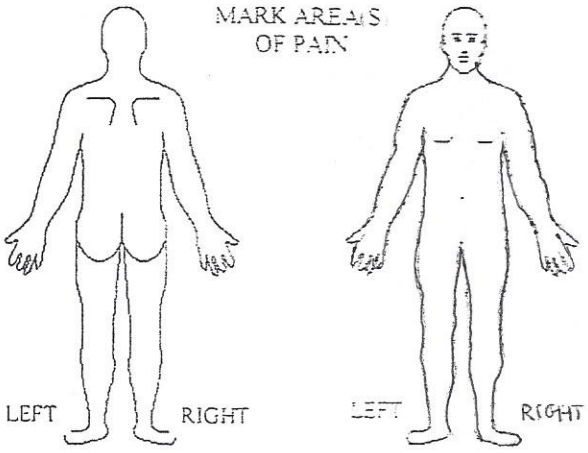
WHAT MEDICATIONS DO YOU TAKE?_____

HAVE YOU CONSUMED ALCOHOL IN THE PAST 24 HOURS? YES { } NO { }

Do you have a history of any of the following?

[ ] accident	[ ] neck pain	[ ] whiplash
[ ] headaches	[ ] disk problems	[ ] mid back pain
[ ] lower back pain	[ ] joint aches	[ ] surgery
[ ] broken bones	[ ] sprains	[ ] seizures
[ ] abdominal pain	[ ] nervous tension	[ ] arthritis, bursitis, gout
[ ] allergies to oils or perfumes	[ ] wear contacts or other prosthesis	[ ] decreased range of motion
[ ] breast augmentation	[ ] diabetes	[ ] varicose veins
[ ] high blood pressure	[ ] stroke	[ ] heart attack
[ ] cancer	[ ] colitis	[ ] HIV
[ ] other_____		

MARK AREAS OF PAIN



Do you have any of the following today?

[ ] sunburn	[ ] inflammation
[ ] severe pain	[ ] headache
[ ] open cuts, bruises, burns	[ ] irritated skin rash
[ ] poison ivy	[ ] cold/flu

Anything else we should know?

_____

_____

_____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I understand that this massage is not a replacement for medical care and that no diagnosis will be made. I am responsible for paying for any appointment cancelled with less than 24 hours. If this office is submitting paperwork to my insurance carrier, I authorize the release of any medical or other information necessary to process the insurance claim. I authorize payment of medical benefits to the Licensed Massage Therapist or office as listed above, for services rendered

_____ _____

signature date