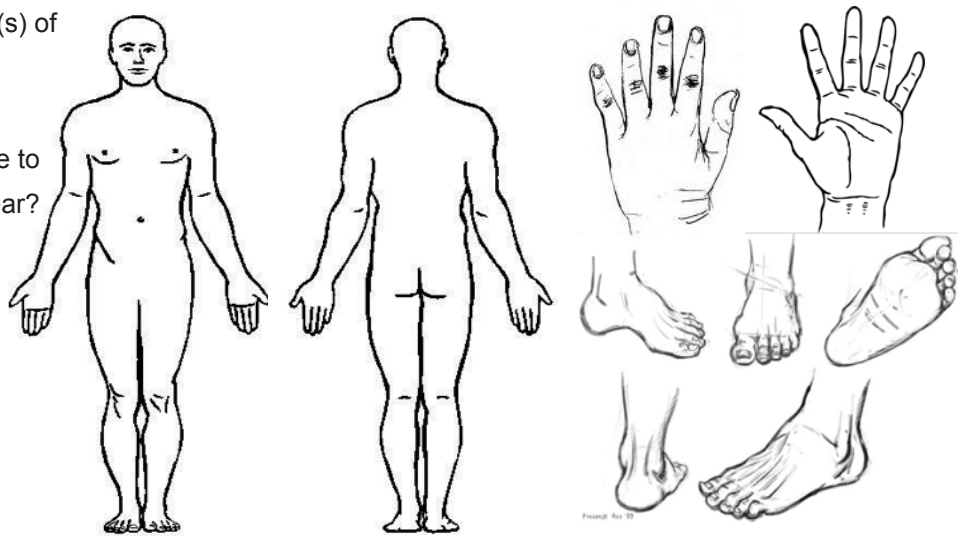
ACTIVE CARE ATLANTA
CHIROPRACTIC
JOINT & SOFT TISSUE

ACTIVE CARE ATLANTA
6290 Abbotts Bridge Rd, Suite 204
Johns Creek, GA 30097
T: 770.559.4236 F: 770.559.4795
www.ActiveCareAtlanta.com

MASSAGE INTAKE FORM

Name _____ Birth Date _____ Age _____ ☐ Male ☐ Female
Phone (Cell) # _____ Occupation _____
Address _____ City, State & Zip _____
Email _____
Emergency Contact _____ Relation _____ Phone # _____

1. Have you had massage therapy before? ☐ More than 20 times ☐ 5 -20 times ☐ Less than 5 times ☐ Never
2. *If Yes,* When was your last massage? approx. _____
3. On diagram, indicate the area(s) of
   - ○ **tenderness or pain**
   - **X tightness**
4. If you have pain today, is it due to ☐ injury or ☐ everyday wear/tear?
5. What type of pressure are you comfortable with? ☐ Light ☐ Medium ☐ Deep
6. Do you have any of the following TODAY?
   ☐ Skin Rash ☐ Cold/Flu
   ☐ Open Cuts ☐ Bruises
   ☐ Anything Contagious



7. What are your goals/expectations for this therapy session? _____
8. List all surgeries you have had in the past _____
9. Please mark the box next to each medical condition which applies to you

☐ Allergy _____ ☐ Arthritis ☐ Blood Clots ☐ Cancer ☐ Depression, panic disorder ☐ Diabetes
☐ Fracture/Dislocations ☐ Headache ☐ Heart Condition ☐ High Blood Pressure ☐ Muscle Strain/Sprain
☐ Pregnancy ☐ Scoliosis ☐ Stroke ☐ TMJ disorder ☐ Others _____

How did you find us? ☐ I am an existing patient ☐ Friend/Family _____ ☐ Other _____

Please read the following information and acknowledge by signing below:

1. Although massage is therapeutic, it is not a substitute for medical examination, diagnosis and treatment.
2. Any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. *Cancellation fee is $25 for a missed appointment without letting us know (via phone/email)* **4 hrs before appointment**.

Signature _____ Date _____