Beverly Park Massage
(Beverly Park Chiropractic)
12704 Mukilteo Speedway, Suite C
Mukilteo, WA 98275
(425) 290-1919

Name:		Date:
Address:		
City:	State:	Zip:
Phone(home):	Phone (cell):	Phone (work):
Email:		Occupation:
Date of Birth:	Emergency Contact:	Phone:

Have you ever received a professional massage?

Are there any areas of your body you want to focus on today?

Are there any areas of your body you do NOT want massaged?

List current medications including aspirin, ibuprofen, herbal remedies, etc.:

Please list any surgeries, major illnesses or other hospitalizations:

Please list any injuries of accidents still affecting you:

Referral Source:

Please mark any of the following that you now have or have had in the past. Circle applicable condition where two are listed on the same line. Please indicate right or left side where appropriate.

Nervous System	
Shingles	☐
Numbness/tingling	☐
Trigeminal Neuralgia	☐

Circulatory	
Heart Condition	☐
Phlebitis/varicose veins	☐
Blood clots	☐

Bell's Palsy	☐	High/ Low blood pressure	☐
Sciatica	☐	Lymphedema	☐
Pinched nerve	☐	Thrombosis/ embolism	☐
Musculoskeletal		**Respiratory**	
Bone or joint disease	☐	Breathing difficulty/ asthma	☐
Tendonitis/bursitis	☐	Emphysema	☐
Arthritis/ gout	☐	Allergies	☐
Sprains/strains	☐	Sinus problems	☐
Low Back/ hip/ leg pain	☐	**Reproductive**	
Neck/ shoulder/ arm pain	☐	Pregnant: Stage____________	☐
Spasms/ cramps	☐	Ovarian/ menstrual problems	☐
Jaw Pain/ TMJ	☐	PMS	☐
Lupus	☐	Prostate	☐
Osteoporosis	☐	**Other**	
Skin		Cancer/ tumors	☐
Allergies	☐	Kidney/ tumors	☐
Rashes	☐	Diabetes	☐
Athletes foot	☐	Drug/ alcohol/ caffeine/ tobacco	☐
Herpes/ cold sores	☐	Chronic fatigue	☐
Digestive		Chronic pain	☐
Constipation/ diarrhea	☐	Sleep disorders	☐
Gas/ bloating	☐	Migraines/ headaches	☐
Diverticulitis	☐	Anxiety/ stress syndrome	☐
Irritable bowel syndrome	☐	Inflammation/ swelling	☐
Ulcers	☐	Infection	☐
Other Remarks/ Comments		Fever	☐
		Communicable Illness	☐
		(Please specify):	☐
		Contact lens (hard or soft?):	☐

I have listed all my known medical conditions and physical limitations and will inform the massage therapist in writing of any change in my physical health between massage sessions. I understand that a massage therapist must be aware of any and all existing physical conditions that I have in order to provide appropriate massage. I further understand that a massage therapist neither diagnoses nor prescribes for illness, disease, or any other medical, physical or emotional disorder, nor performs any thrusting joint or spinal manipulations or adjustments. I am responsible for consulting a qualified primary care provider for any physical ailment that I may have. I understand that at times bruising and soreness may occur.

I agree to give 24 hours notice if I must cancel my appointment. If I fail to do so, I will be responsible for a $25 cancellation/no show fee.

Signed____ Date____________________