



CARNES
CHIROPRACTIC & WELLNESS
CLINIC 2323 N. Main Street Suite 109
Dothan, AL 36301
334-794-2225
334-794-0576 Fax

CLIENT INTAKE FORM

Are you currently under the care of a general/specialized medical practitioner? Circle: YES or NO
List Stress reduction and exercise activities. Include Frequency:

List current medications **and include aspirin, ibuprofen, herbs and vitamins:**

Medical History:

(Include year and treatment received.)

Medical Conditions:

Surgeries & Accidents:

Instructions: Please note all conditions that apply now. Put **(C)** for current and **(P)** for past conditions.

General

- Vision problems, contacts
- Hearing problems, deafness
- Sinus problems
- Diabetes
- Asthma or Lung condition
- Breast Implants
- Dental Bridges

Nervous System

- Fatigue
- Tension, stress
- Numbness/Tingling
- Depression
- Sleep Difficulties
- Chronic Pain

Digestive

- Constipation
- IBS/Irritable Bowel Syndrome
- Hernia

Reproductive

- Pregnancy
- Hormone Replacement
- PMS

Circulatory

- Heart, Circulatory Problems
- Blood clots
- Headaches, migraines
- Varicose Veins

Skin

- Allergies
- Warts/Herpes
- Rashes
- Athlete's Foot
- Fungus
- Psoriasis
- Poison Oak/Ivy

Musculoskeletal

- Injuries to face or head
- Jaw Pain/TMJ
- Spasms/Cramps
- Broken Bone
- Cancer, tumor

- Muscle, bone injuries
- Sprains, strains

Where: _____

- Arthritis, tendonitis, bursitis (circle)

- Back, leg, hip pain (circle)

- Arm, Shoulder, neck pain (circle)

OTHER: _____

Please read carefully and sign below:

It is my choice to receive a massage. I understand that the treatment is being given for the well being of my body and mind. Because **massage therapy should not be preformed under certain medical conditions**, I affirm that I have stated all my known medical conditions and answered all questions honestly. I understand massage therapy services are designed to be a health aide and do not, in anyway, take place of a doctor's care. I agree to hold harmless the LMT, the staff, and the center for any and all injuries that may occur at the center.

Signature: _____

Date: _____



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Kelly Sauer, NCTMB, LMT
AL License # 2171 National Certification #515744-06

Minor Client Consent Form for Massage Therapy

Date: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Legal Guardian or Parent Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Emergency Contact person: _____

Do we have permission to?

Leave a message on your answering machine at home? Circle one: YES or NO

Leave a message at your place of employment? Circle one: YES or NO

Discuss treatment with any member of your household other than yourself? Circle one: YES or NO

If Yes, Name: _____ Relationship to Minor: _____

Parent or Legal Guardian acknowledges and accepts all of the following:

Massage therapy services are designed to be a health aide and does not in any way; take the place of a doctor's care. I understand that treatment is being given for the well-being of the minor's body and mind. It is my choice and the minor's choice for which I am signing to receive a massage. Under no circumstances will a massage continue if either the **minor** or the parent/legal guardian request the session to end. Full cost of the session will be paid if the session ends at the request of the minor or legal guardian/parent. Because massage therapy should not be performed under certain medical conditions, I have answered all questions on the separate *Massage Therapy Intake Form* honestly.

I am aware that minors under the age of 15 years must have a legal guardian/parent in the massage therapy room during **the entire session.**

I am aware the licensed massage therapist (LMT) may at any time end the session with or without reason and be compensated for the length of the working massage therapy session.

Pain and touch are subjective to each client and it is understood that the minor and the legal guardian/parent must communicate to the LMT when receiving or observing a massage session any discomfort physically and/or emotionally. I or the minor may choose at any time to end the session.

Legal Guardian/Parent Signature: _____ Date: _____