



# NASHUA FAMILY CHIROPRACTIC

29 Riverside Street, Units A and B, Nashua, NH 03062 P: (603) 880-4150 F: (603) 880-6765

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Mission: "To raise the vibration of everyone who walks through our door."  
Vision: "To revolutionize healthcare in our community."

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## Massage Health History Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_ lbs.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Would you like us to send you a text message for your future appointment reminders?

Yes, Text please!  No Reminder If yes, who is your Cell Phone Carrier? \_\_\_\_\_

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

Who can we thank for referring you?: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Have you ever had a professional massage? Yes No

List current medications: \_\_\_\_\_

List any injuries: \_\_\_\_\_

List any surgeries: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you have any skin sensitivities? \_\_\_\_\_

Do any of the following apply to you?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Arthritis        | <input type="checkbox"/> Headaches     | <input type="checkbox"/> Sciatica       | <input type="checkbox"/> Torn Ligament  |
| <input type="checkbox"/> Bruise easily    | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scoliosis      | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Cancer           | <input type="checkbox"/> Hypertension  | <input type="checkbox"/> Skin condition | <input type="checkbox"/> Wear Contacts  |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Osteoporosis  | <input type="checkbox"/> Tendonitis     | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Digestive issues | <input type="checkbox"/> Pregnant      | <input type="checkbox"/> Torn muscle    | _____                                   |

Please explain any of the above checked conditions further \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your primary reason for receiving a massage treatment today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## **Massage Therapy Informed Consent**

I, \_\_\_\_\_, (client) understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive experience of touch.

The general benefits of massage, possible massage contraindications, and the treatment procedure have been explained to me.

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay any pertinent information.

If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist so the treatment can be adjusted. I have reviewed the therapist's policies, and I understand them and agree to abide by them. I acknowledge that with any treatment there can be risks and I assume those risks. I also acknowledge that I will not hold Nashua Family Chiropractic, P.C. liable for any risk associated with massage therapy.

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*Your appointment time is reserved for you. If you cannot make your scheduled appointment, this office requests 24 hours notice. **Failure to provide such notice will result in a \$35 Late Cancellation fee. A No Call/No Show will result in full payment due for services missed.***  
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\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date