



Dr. Kelly M. Spore, D.C
Chiropractic Physician

Confidential Client Information Massage Therapy

Name: Last _____ First _____ Age _____ Date of Birth _____

ADDRESS: Number and Street _____ City _____ State _____ Zip Code _____

Occupation _____ Phone (home) _____ Phone (work/cell) _____

Referred by _____ Allergies to oils or fragrances? Yes No

Any injuries or accidents? Describe _____

Pins or wires in your body _____ Taking medications/or herbs? Yes No

Please list: _____

Areas of complaint or tension: _____

Primary reason for appointment: _____

Please check all conditions listed below which you have experience. Use a P to indicate past conditions and a C to indicate current conditions.

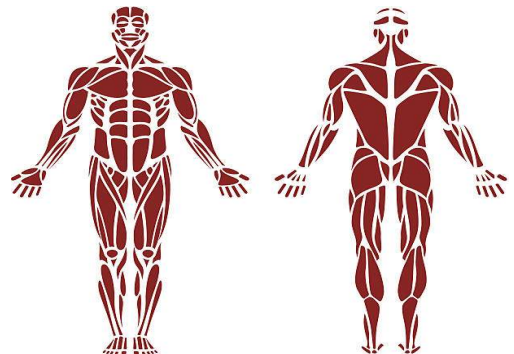
- Arthritis Stress/fatigue Varicose veins Insomnia Numbness
- Spinal problems/backaches Heart problems Recent surgery Diabetes Tuberculosis
- Asthma/sinuses Neck/Spine Injury Blood clots/phlebitis Osteoporosis Allergies
- Blood thinner Fibromyalgia Knee replacement headaches/migraines stroke
- Hip Replacement Cancer Thrombosis high/low blood pressure
- Depression Skin problems High/low blood sugar Now pregnant Sciatica
- Edema (water retention) Do you have another significant medical conditions I should be made aware of:

Stress level (1=very low 5=very high) 1 2 3 4 5 Explain: _____

Have you received massage therapy in the past? Yes No Depth of pressure desired? ___Light ___Medium ___Deep

I, _____ have read the above information and have stated all my known medical conditions. I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, increasing circulation and energy flow, and relief from still joints. I under that the massage therapist does not diagnose illness, disease, or another physical or mental disorder. I take it upon myself to update my massage therapist regarding any changes in my condition.

Circle areas where you feel tightness, pain, or tension.



Signature _____ Date _____

Therapist Signature _____ Date _____