

Atlas Chiropractic
2811 McKinney Avenue Suite #240
Dallas, TX 75204
V: (214)999-1019
F: (214)999-1051

Name _____

Date _____

Address _____

Email _____

Date of Birth _____ Cell Phone _____

Emergency Contact _____

Are you currently taking any medication? _____ Yes _____ No

Have you had a major surgical procedure or injury? _____ Yes _____ No

Please Explain _____

Are you seeing a chiropractor, physical therapist, or physician for an ongoing issue?

_____ Yes _____ No

Please Explain _____

Please circle which best describes your stress level

Low 1 2 3 4 5 High

Please Circle the following conditions that apply to you past or present. Please add your comments to clarify the condition.

Musculoskeletal

Headaches

Arm/hand pain

Arthritis

Joint stiffness/swelling

Leg/foot pain

Osteoporosis

Spasms/cramps

Chest/rib/abdominal pain

Scoliosis

Broken bones

Problems walking

Other _____

Strains/sprains

Jaw Pain/TMJ

Back/hip pain

Tendonitis

Shoulder/neck pain

Bursitis

Circulatory and Respiratory

Dizziness
 Shortness of breath
 Fainting
 Cold feet/hands
 Cold sweats
 Stroke
 Heart Condition

Allergies
 Asthma
 High blood pressure
 Low blood pressure
 Other_____

Skin

Rashes
 Allergies
 Athletes Foot
 Acne

Digestive

Indigestion
 Constipation
 Gas/Bloating
 Irritable Bowel Syndrome
 Crohn's disease
 Colitis
 Other_____

Nervous System

Numbness/tingling
 Fatigue
 Sleep disorder
 Ulcers
 Paralysis
 Herpes/Shingles
 Cerebral palsy

Chronic fatigue
 Multiple Sclerosis
 Muscular Dystrophy
 Parkinson's
 Other_____

Reproductive System

Pregnancy

Other

Loss of appetite
 Depression
 Difficulty concentrating
 Hearing impaired
 Visually impaired
 Diabetes

Post/Polio syndrome
 Cancer
 Other_____

I understand that a massage therapist doesn't diagnose disease, illness or prescribe any treatment or drugs. I understand that draping will be done unless specified by me. I understand that if I become uncomfortable I may ask the therapist to end the session; I also understand that the therapist may end the session for any inappropriate behavior. I have stated all conditions that I am aware of and this information is true.

Client Signature_____ Date_____

Therapist Signature_____ Date_____

Comfort Zone

Areas needing work done:

(Please check all that apply)

- Neck
- Shoulder
- Back
- Gluteus
- Thighs
- Calves
- Feet
- Hands
- Head
- Other _____

Reason for a massage:

- Stress
- Tension
- Pain
- Trouble sleeping
- Dry skin
- Lack of focus
- Lack of energy
- Poor circulation
- Depression
- Loss of strength, power, endurance
- Just for fun
- Joint problems
- Relaxation
- Respiratory problems
- Edema
- A need for human touch
- Paralysis
- Reduction or improved function of scar tissue
- Posture deviation