Therapeutic Massage & Nutritional Center
2456 N. Woodlawn Blvd, Ste 1A Wichita, KS 67220

NEW CLIENT INFORMATION FORM

Please print clearly:

Name_____ Date _____

Address _____ Apt.# _____

City _____ State _____ ZIP _____

Shipping Address: _____ Mobile Phone (____) ____-_____

_____ Home Phone (____) ____-_____

E-mail address: _____

_____ Initial to receive occasional emails (TMNC updates, special events, nutritional info, etc.)

REFERRED BY:

Occupation _____ Employer _____

Date of Birth _____ Age ____ Sex: M / F Height _____ Weight _____

Emergency Contact: _____ Emerg. Contact's Phone (____) ____-_____

Marital Status: S M D W Name of Spouse_____

Describe health of spouse: _____ Number of children, if any _____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	____	M/F	_____
_____	____	M/F	_____
_____	____	M/F	_____

Family history of serious illnesses (circle those which apply):

Cancer / Diabetes / Heart / Other_____

Please mark the conditions that apply to your **personal health history**:

- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Varicose Veins
- ☐ Blood Clotting
- ☐ Circulatory Disorders
- ☐ Stroke
- ☐ Skin Condition
- ☐ Allergies
- ☐ Asthma
- ☐ Cancer
- ☐ Epilepsy/seizures
- ☐ Multiple Sclerosis
- ☐ Pregnant
- ☐ Osteopenia/Osteoporosis
- ☐ Scoliosis
- ☐ Migraine Headaches
- ☐ TMJ Dysfunction
- ☐ Neck Pain
- ☐ Shoulder Pain
- ☐ Mild/Low Back Pain
- ☐ Sciatica
- ☐ Hip & Knee Pain
- ☐ Bulging Disc
- ☐ Thyroid Disease
- ☐ Diabetes
- ☐ Hypoglycemia
- ☐ Carpal Tunnel Syndrome
- ☐ Thoracic Outlet Syndrome
- ☐ Fever (last 24 hours)
- ☐ Communicable Disease
- ☐ HIV Virus
- ☐ Hospitalization Dates: _____
- ☐ Injury Dates: _____
- ☐ Other _____
- ☐ Other _____

HISTORY:

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Chief complaint (reason you are here): (use separate sheet if more room needed)

_____

Previous treatments for this complaint _____

_____

Other complaints or problems: (use separate sheet if needed) _____

_____

Current medications/drugs being taken: (use separate sheet if needed) _____

_____

Current medications/drugs being taken: (use separate sheet if needed) _____

_____

List any major illnesses (with approx. dates):_____

_____

_____

List any surgery or operations with approx. date: _____

_____

Past Accidents or injuries:_____

_____

Are you currently under the care of a physician or other health care professionals?
(If yes, please give name and date of last visit):

Name_____ Date _____

Nutritional supplements you are taking:_____

Allergies (drugs, food, other) _____

Do you smoke, drink coffee or alcohol? (If yes, indicate how much)
Cigarettes _____ Coffee _____ Alcohol _____

Do you have indoor animals? _____

Other information: _____

OFFICE POLICIES:

_____ (initial**) Payment Policy**: I understand that all services are rendered on a cash, check, or credit card basis. Unless other arrangements have been made in advance, I agree to pay for each session at the time of the session. I also agree to the $20 return check charge in the event that my check is returned.

_____ (initial) **Cancellation Policy**: I understand that any appointment NOT cancelled more than 24 hours prior to the scheduled time will be billed $40. There will be one "grace" given for a missed or late-cancelled appointment.

_____ (initial) The information I have provided is truthful & complete to the best of my knowledge. I assume responsibility for advising the clinician of any changes in my condition. Should I experience pain or discomfort during massage, or adverse response to nutrition, I will immediately inform the practitioner.

_____ (initial) I understand that TMNC does **NOT diagnose or treat** medical disease/condition, nor prescribe; it is **NOT a substitute for physician diagnosis and treatment.**

_____ (Initial) We reserve the right to refuse service, as some health situations are beyond our care.

Appointment Reminders: Permission for a voicemail? Yes / No For a text? Yes / No

Client Signature: _____ DATE _____

Office Use Only: