

**Living Roots Chiropractic – Sacramento, CA**

(Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Therapist: \_\_\_\_\_)

Name: \_\_\_\_\_

DOB or Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_

Do You Have a Medical Referral?  No  Yes -Please list Dr's Name and your Diagnosis & Treatment

Are You Pregnant?  Yes  No

Number Wks: \_\_\_\_\_

**DO YOU EXPERIENCE ANY OF THE FOLLOWING? CHECK ALL THAT APPLY & DESCRIBE:**

- Nausea: \_\_\_\_\_
- Skin Conditions: \_\_\_\_\_
- Bruising: \_\_\_\_\_
- Surgery: \_\_\_\_\_
- Low/Mid back Pain: \_\_\_\_\_
- Shoulder Tension: \_\_\_\_\_
- Swollen Glands or Fever: \_\_\_\_\_
- Headaches: \_\_\_\_\_
- TMJ: \_\_\_\_\_
- High/Low Blood Pressure: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Blood Clots/Thrombosis: \_\_\_\_\_
- Joint Disorders: \_\_\_\_\_
- Cramps: \_\_\_\_\_
- Strains/Sprains: \_\_\_\_\_

- Diabetes: \_\_\_\_\_
- Cancer: \_\_\_\_\_
- Decreased Sensation: \_\_\_\_\_
- Heart Conditions: \_\_\_\_\_
- Chest Pain: \_\_\_\_\_
- Carpal Tunnel Syndrome: \_\_\_\_\_
- Numbness: \_\_\_\_\_
- Migraines: \_\_\_\_\_
- Dizziness: \_\_\_\_\_
- Sleeping Problems: \_\_\_\_\_
- Sciatica: \_\_\_\_\_
- Constipation: \_\_\_\_\_
- Shoulder Pain: \_\_\_\_\_
- Ankle Pain/P.Faciitis: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Other: \_\_\_\_\_

Have You Had a Professional Massage Before:  Yes  No

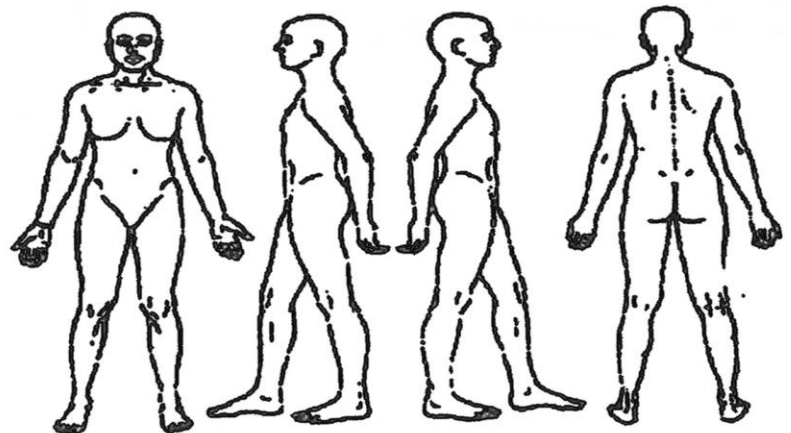
How Long Ago?: \_\_\_\_\_

What Are Your Goals With This Session (In Your Own Words): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Shade According to Symptoms/Needs:**

Would you like to get a \$15 Massage Upgrade?

- Deep Tissue
- Trigger Point
- Sports Massage
- No Upgrade Please



I understand that the services offered are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. I affirm that I have notified my therapist of all known medical conditions and injuries. By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork. I will inform my therapist immediately of any discomfort or pain during the massage. **Please sign at the X below if you agree to this statement.**

**X**