Anne-Marie Pronk-Ozaki LMT, MMT, CES, MA
832-628-2255 The Woodlands, TX
massagetherapybyannemarie.massagetherapy.com
npi# 180 13 23 787

Anne-Marie Medical Massage
ADVANCED BODY CARE

Health Information

Client Contact Information

Client Name: _____ Date: _____
Date of Birth: _____ Gender: _____
Address: _____
Phone: _____ Email: _____
Referred by: _____
Emergency contact: _____ Phone: _____
Physician/Health-care Provider name: _____ Phone: _____
Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes ☐ No ☐
Do you have a physician referral/prescription? Yes ☐ No ☐
Are you seeking insurance reimbursement? Yes ☐ No ☐ If yes, please complete the Billing Information form.
Type of insurance coverage for this claim: ☐ Car Collision ☐ Worker's Compensation ☐ Private Health

Massage Information

Have you ever received professional massage/bodywork before? Yes ☐ No ☐
How recently? _____
What types of massage/bodywork do you prefer? _____
What kind of pressure do you prefer? ☐ Light ☐ Medium ☐ Firm
What are your goals/expected outcomes for receiving massage/bodywork?
_____
_____

How do you feel today? _____

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):
_____
_____

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No
Explain:
_____
_____

List the medications you currently take:
_____
_____

Are you wearing contacts? Yes ☐ No ☐
Are you wearing dentures? Yes ☐ No ☐
Are you wearing a hairpiece? Yes ☐ No ☐
Are you pregnant? Yes ☐ No ☐

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Health History

Have you had any injuries or surgeries in the past that may influence today's treatment?

_____

Check any of the following health conditions that you currently have (If you are unsure, please ask):

☐ blood clots ☐ infections ☐ congestive heart failure ☐ contagious diseases ☐ pitted edema

Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

☐Current	☐Past	Muscle or joint pain _____
☐Current	☐Past	Muscle or joint stiffness _____
☐Current	☐Past	Numbness or tingling _____
☐Current	☐Past	Swelling _____
☐Current	☐Past	Bruise easily _____
☐Current	☐Past	Sensitive to touch/pressure _____
☐Current	☐Past	High/Low blood pressure _____
☐Current	☐Past	Stroke, heart attack _____
☐Current	☐Past	Varicose veins _____
☐Current	☐Past	Shortness of breath, asthma _____
☐Current	☐Past	Cancer _____
☐Current	☐Past	Neurological (e.g. MS, Parkinson's, chronic pain) _____
☐Current	☐Past	Epilepsy, seizures _____
☐Current	☐Past	Headaches, Migraines _____
☐Current	☐Past	Dizziness, ringing in the ears _____
☐Current	☐Past	Digestive conditions (e.g. Crohn's, IBS) _____
☐Current	☐Past	Gas, bloating, constipation _____
☐Current	☐Past	Kidney disease, infection _____
☐Current	☐Past	Arthritis (rheumatoid, osteoarthritis) _____
☐Current	☐Past	Osteoporosis, degenerative spine/disk _____
☐Current	☐Past	Scoliosis _____
☐Current	☐Past	Broken bones _____
☐Current	☐Past	Allergies _____
☐Current	☐Past	Diabetes _____
☐Current	☐Past	Endocrine/thyroid conditions _____
☐Current	☐Past	Depression, anxiety _____
☐Current	☐Past	Memory Loss, confusion, easily overwhelmed _____

Comments:

_____

_____

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____

NASM NATIONAL ACADEMY OF SPORTS MEDICINE CERTIFIED

abmp MEMBER Associated Bodywork & Massage Professionals