A+ MIGHTY Massage llc

Patron Intake Information Sheet

Name: _____ Age: _____ D.O.B.: _____

Address: _____

Phone: _____ Occupation: _____

Reason for treatment/Visit: _____

_____

_____

Referred by: _____ Physician: _____

Sports Activities (if any): _____

_____

Current Medications (Over the counter or Prescribed): _____

_____

Do you wear Glasses/Contact Lenses? ____ Do you wear a Hearing Aid? ____

Do you wear Braces/Dental Bridges? ____

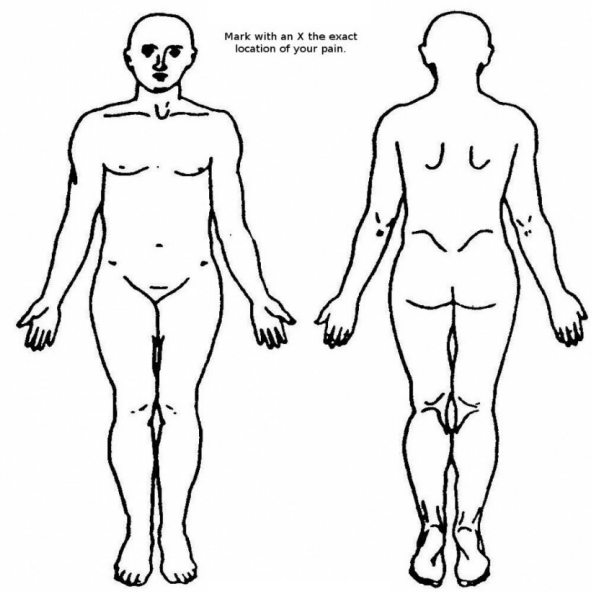
Describe your current health: _____

_____

Additional Notes & Drawings: _____

_____

_____



Patron Signature: _____

Date: _____

Next of Kin: _____

Contact Ph: _____

Therapist: _____

A+ MIGHTY Massage llc

Name: _____ Age: _____ D.O.B.: _____

Please mark X = Current Condition. P = Past Conditions, F = Family History.
Pain Level: 1 through 10, where 1 = Minor, 10 = Severe

__ Headache, Migraines	__ Cancer, Tumors	__ Allergies
__ Asthma or other lung issues	__ Muscle or Joint Pain	__ Rashes, Athlete's Foot
__ Hearing Problems	__ Heart or Circulatory Issues	__ Infectious Diseases
__ Vision Problems	__ Muscle or Bone Injuries	__ Fatigue
__ Constipation or Diarrhea	__ Sprains or Strains	__ Tension, Stress
__ Abdominal or Digestive Issues	_ Arthritis, Tendonitis	__ Depression
__ High/Low Blood Pressure	__ Pregnancy	__ Blood Clots
__ Chronic Pain	__ Spinal Column Disorders	__ Varicose Veins
__ Other Medical Issues not listed		

Additional Notes:: _____
_____
_____

SOAP NOTES

Subjective:

Objective:

Analysis:

Plan & Homework:

Therapist: **Date**:

_____ _____

PATRON TREATMENT AGREEMENT

I hereby confirm that all the information provided above is true & accurate to the best of my knowledge. I understand that providing false information on a medical form is criminal offense.

I understand & agree that the Massage Treatment provided will not be of a sexual nature

I understand & agree that the massage therapy provided to me is designed to be a health aid & is in no way to take place of a doctor's care. Any information I receive during any massage treatment is educational in nature & is intended to assist me become more Familiar & conscious of my own health status.

If I object to the treatment received, I must terminate the session within the first ten minutes of its commencement in order to receive the refund. Conversely, the therapist who is performing the massage is allowed to terminate my treatment if I violate the agreed-to policies as stated above.

PATRON PAYMENT AGREEMENT

I understand & agree that if, for any reason, my check payment fails for insufficient funds, I will be charged a ($30) fee in addition to the owed amount. If I fail to pay in full within thirty (30) days, any amounts owed will be forwarded to A Collections agency working on behalf of A+ MIGHTY Massage. I will be responsible to pay the Collections Agency an additional 25% of the outstanding balance to cover collection costs

Signed: _____ Date: _____