MONROE THERAPEUTIC MASSAGE

CASH MASSAGE

Please Print

Last Name _____ Hm Phone _____

First Name _____ M.I. _____ Wk Phone _____

Mailing Address _____ Cell Phone _____

City _____ State _____ Zip _____ Email Address _____

Occupation/Activities _____ Date of Birth ____/____/____ Age ____ M ____ F ____

Emergency Contact Name and Phone Number_____

How did you learn about us? _____

HEALTH HISTORY

Mark any condition that applies to you now or in the past. Please use '**C**' for current, '**P**' for past

___ Allergy to Nut Oils	___ Cancer/Tumor	___ Headaches / Migraines	___ Muscle Sprain/Strain
___ Arthritis	___ Contact Lens	___ Heart Attack / Stroke	___ Osteoporosis
___ Artificial Joint	___ Contagious Conditions	___ High Blood Pressure	___ Pregnant
___ Blood Clots	___ Decreased Sensation/Numb	___ Hypo or Hyperglycemia	___ Skin Infections
___ Bruise Easily	___ Diabetes	___ Low Back Pain	___ Varicose Veins
___ Bursitis	___ Fibromyalgia	___ Low Blood Pressure	___ Other _____

Other relevant health history? _____

Accidents, Injuries or Surgeries:

Less than 5 years ago _____

More than 5 years ago _____

Are you currently receiving medical or chiropractic care? Yes ____ No ____

If yes, please explain _____

Are you taking any medications (prescription & over-the-counter)? Yes ____ No ____

If yes, please explain _____

Exercise? _____ What type? _____ How often? _____

Have you received massage before? Yes ____ No ____

Please read and initial:

____ **Payment is due at the time of service**.

____ **A $15.00 billing fee is charged for payment not made at time of service.**

____ MTM charges $25.00, plus bank fees for all returned checks.

____ **If the appointment is missed or cancelled without a 24-hour notice, you will be charged $35.00 for 20-50min, or $70 for 90-110min.**

____ An unpaid balance is due 30 days from statement date. Interest of 1.5% or a minimum of $1.00 per month will be charged until the balance due is paid. Rebilling fees may be added. Additional court, attorney or collection agency fees may be charged, up to 50%, if applicable.

____ Massage therapists do not diagnose illness or disease, or prescribe treatments.

____ All information provided is complete and accurate; I will notify MTM of any changes. Any changes in my physical condition will be told to my treating LMP prior to my treatment.

____ We reserve the right to change the terms and conditions at any time.

____ I have been given or offered and read the privacy/HIPAA information for MTM.

____ In an emergency, call immediately to reschedule.

Patient/Guardian Signature _____ Date _____