



124 East Augusta Ave, Suite 300
Spokane, WA 99206 509.325.4874

First Time Visit Form Wellness Massage

If your Doctor has prescribed massage as complimentary care please fill out the "Medical Massage" First Time Visit Form.

Date: ____/____/____/
First Name: _____ Middle Initial: ____ Last Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Confidential Information

Emergency Contact: _____ Telephone: (____) _____
Relationship: _____

Is this your first professional massage? Yes No

What conditions are you currently experiencing?

BACK PAIN

- Upper Middle Lower
- Stiffness Middle Lower
- Muscle spasms Middle Lower
- Pain between shoulder blades
- Pain from front to back
- Low back weakness
- Pinched nerve in low back

HANDS AND ARMS (Right, Left, Both)

- Pain in upper arm R L Both
- Pain in elbow R L Both
- Pain in forearm R L Both
- Pain in hand R L Both
- Pain in fingers R L Both
- Pins & needles in arm R L Both
- Pins & needles in fingers R L Both
- Numbness in arm R L Both
- Numbness in fingers R L Both
- Weakness of arm R L Both
- Weakness of hand R L Both
- Cold hands

NECK

- General pain
- Stiffness
- Weakness
- Pinched Nerve
- Neck feels out of place
- Muscle spasms
- Grinding/popping sounds

HIPS, LEGS & FEET (Right, Left, Both)

- Pain in buttocks R L Both
- Pain in hip joint R L Both
- Pain down leg R L Both
- Pain in knee R L Both
- Pain in ankle R L Both
- Pain in foot R L Both
- Weakness of leg R L Both
- Weakness of knee R L Both
- Leg cramps R L Both

Other Symptoms

Is the pain constant or does it come and go? Comes and goes Constant

Activities that are painful to perform: Sitting Walking Bending Lying Down
 Other

Describe the pain: Dull Sharp Achy Burning Throbbing Numb Tingling Other

At the moment the pain is: I have no pain Very Mild Moderate Fairly Severe
 Very Severe Unbearable

I am experiencing headaches: Rarely Most Of The Time

Describe what activities cause the pain and/or make it worse:

Does your condition interfere with your normal daily function? Yes No If yes, explain:

Please ✓ any of the following conditions that you are currently experiencing:

- Arthritis Bursitis Carpal Tunnel Cramps Fibromyalgia Plantar Fasciitis Sciatica
- Tendonitis TMJ

Are you experiencing any of the following? Hernia Recent Bone Fracture Tumor

PLEASE READ AND SIGN

I _____ (please print) acknowledge that the above information is complete and accurate to the best of my knowledge. I agree to the release of information, if necessary, for medical and/or insurance purposes only.

Signature: _____



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Name: _____ Date: _____

Identify current symptomatic areas in your body by using the appropriate symbol for the condition and/or conditions you are currently experiencing.

- Circle any areas that are painful
- Place an X over areas where you are experiencing any stiffness
- Draw squiggly lines in areas where you are experiencing tingling and/or numbness
- Note any scars, bruising or open wounds

Additional Comments:

