— ADVANCED —
MEDICAL MASSAGE
Whiplash Injury Specialists

Exceptional Treatment Massage
1112 Finnegan Way, Bellingham, WA 98225
360-527-9566 Fax 360-527-8534
www.mmWellness.com

Today's Date: / /

HEALTH INFORMATION

Patient Information

Name:

Address:

City: Zip:

Gender: M NB F

Pronouns: Age: Date of Birth: / /

Home phone: Cell:

Email:

Occupation:

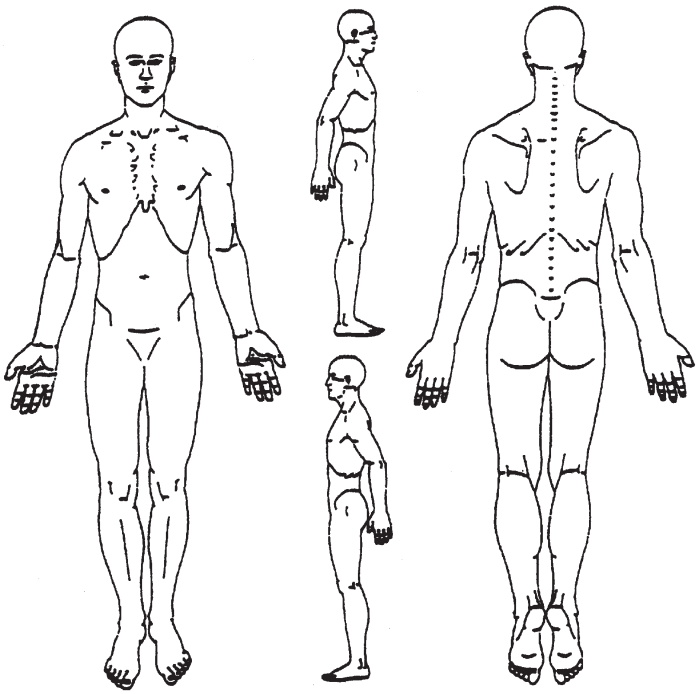
Emergency contact: Relationship:

Contact number:

How did you find out about us?

- ☐ Wind Sign
- ☐ AMM Patient/Friend/Word of Mouth
- ☐ Fairhaven Guide
- ☐ Medical Professional
- ☐ Web Search/Website
- ☐ Social Media
- ☐ Other
- ☐ Chair Massage/Event

Please circle areas of concern.



Patient Condition

What are your major symptoms/areas of concern, if any?

_____

_____

_____

_____

_____

_____

Are you wanting full body relaxation or specific treatment work? Please describe:

_____

_____

_____

_____

_____

"The first wealth is health." - Ralph Waldo Emerson

Please continue on other side.

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Health History

Have you ever received a professional massage? ☐Yes ☐No

List any Medications you are taking:

Vitamins / Herbs / Minerals:

Females: Are you pregnant? ☐Yes ☐No How many weeks: Due Date:

Mark any of the following conditions you have had: (use a "✓" for any past conditions and an "X" for all current ones)

- ☐ Adrenal Fatigue
- ☐ Allergies
- ☐ Anxiety / Depression
- ☐ Arm / Shoulder Pain
- ☐ Arthritis
- ☐ Asthma
- ☐ Bladder Problems
- ☐ Blood Clots
- ☐ Cancer
- ☐ Chronic Fatigue
- ☐ Deafness
- ☐ Diabetes
- ☐ Digestion Issues
- ☐ Earache
- ☐ Ear Ringing
- ☐ Epilepsy
- ☐ Headaches / Migraine
- ☐ Heart Disease
- ☐ Herniated Disk
- ☐ Hormonal Imbalances
- ☐ Insomnia
- ☐ Kidney Problems
- ☐ Leg Pain
- ☐ Low Back Pain
- ☐ Low or High Blood Pressure
- ☐ Menstrual Difficulties
- ☐ Neck Pain
- ☐ Osteoporosis
- ☐ Poor Circulation
- ☐ Rheumatoid Arthritis
- ☐ Sciatica
- ☐ Seizures
- ☐ Shingles
- ☐ Sinus Infection
- ☐ Stroke
- ☐ Tendonitis
- ☐ Thyroid Issues
- ☐ TMJ
- ☐ Vertigo / Dizziness
- ☐ Whiplash

Please list any other conditions/surgeries/accidents that you think we should know about:

Massage Therapist Notes:

Medical & Financial Agreement

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status. I consent the massage therapy treatment with a licensed massage therapist.

I understand that any massage services provided by Advanced Medical Massage or by any of its associates are my sole responsibility and that I will be financially responsible for any outstanding balances for their massage services.

I understand and will comply with a 48-hour cancellation/reschedule notice of any of my appointments. I fully agree that if I do not comply with this agreement, I will be personally charged $95.

I 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.

Signature: _____ Date: _____