Insurance Billing Information

NAME

How would you prefer that we bill your account?

☐ Auto PIP Claim ☐ Workers' Comp Claim ☐ Attorney/ 3rd Party ☐ Other _____

The following payment categories can be billed by our clinic. Eligibility for continuing benefits is dependent on your ability to follow the prescribed treatment plan. In the event that your claim is denied, financial arrangements will be made available to you.

Personal Injury Protection Claim (AUTO ACCIDENT) Office Auth Date _____

Insurance Company: _____ Date of Accider

Mailing Address: _____

Claim Number/Policy Number: _____

Adjuster Name: _____ Phone: _____

Workers' Compensation Claim (WORK ACCIDENT) Office Auth Date _____

Have you filed a claim with your employer: ☐ Yes ☐ No

Insurance Company: _____ Date of Injury: _____

Mailing Address: _____

Claim Number/Policy Number: _____

Adjuster Name: _____ Phone: _____ x _____

Attorney Information

Attorney's Name: _____ Phone: _____ x _____

Address: _____

ASSIGNMENT OF BENEFITS

I authorize _____ (insurance company) to pay directly any benefits due me under this claim by medical payment, disability benefits or both. I understand and agree that only unpaid balances to include deductibles and co-payment not covered by this policy will be paid by me on the day services are rendered or at time of settlement.

The above insurance billing information is complete and accurate to the best of my knowledge. By my signature, I clearly understand and agree to these policies and that I am ultimately responsible for any financial obligation of services rendered to me.

_____ _____ _____

Patient Signature or Guardian if patient is a minor **Date**

Consent to Treat

I (patient/client) understand that massage therapy *may* enhance relaxation, reduce pain, increase range of motion, improve circulation and offer a positive experience of therapeutic touch.

I understand that massage therapy *may* temporarily; increase circulation, effect blood sugar and *could* cause temporary muscle soreness or tenderness.

I understand that massage therapy has contraindications - reasons that massage therapy may not be appropriate for me- or require modification to make it safe for me .

I understand and agree that I have informed my massage therapist of all my known physical conditions, medical conditions and medications. I agree to keep my massage therapist updated on any changes when I schedule subsequent treatment appointments.

I understand and agree that massage therapy is *not a substitute* for medical treatment or medications and that it is recommended that I work *concurrently* with my primary healthcare provider for any condition(s) that I may have and if appropriate inform my primary healthcare provider of my massage therapy treatments and have them provide a referral if needed.

I understand and agree that my massage therapist does not diagnosis illness, disease or prescribe medication.

Patient/Client Signature: _____ Date: _____

New Patient/Client Intake Form

Personal Information - Patient information contained within this form is considered strictly confidential

Name: Today's date:

Email:

Address:

Phone:

DOB: (mm/dd/yy) Gender: (M/F) Marital Status: #Children:

Occupation:

Emergency Contact Name: Phone: Relation:

What brings you in for massage today?:
(eg., pain in right leg, sore neck, headache, just want to relax, etc.)

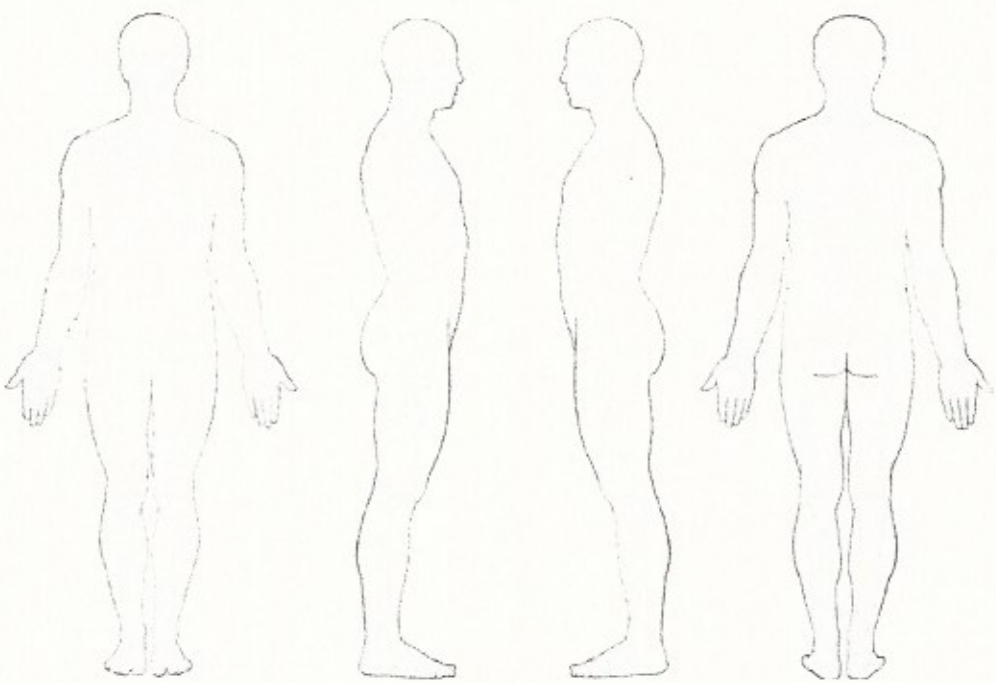
0-10 Numeric Pain Intensity Scale

|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

0 1 2 3 4 5 6 7 8 9 10

no pain — moderate pain — Worst possible pain

Please **mark the area(s)** of pain/discomfort on the figures below



When did you first notice this condition?:

(eg., fell down last Friday, training for marathon/overdid it, general stress)

Have you had massage therapy previously?: (Yes/No)

If yes, when was your last massage?:

What are your treatment goals today?: (eg., reduce pain, relax, reduce stress, etc.)

Describe any physical and/or repetative activities you do on a regular basis?: (including work-related, recreational, sports etc.)

Past Medical and Health Information

Are you currently being treated for any medical conditions?: (Yes/No)_____

If yes, what medical condition?:_____
When was the date of your last medical visit?:
(please note chiropractic and/or physical therapy visits if applicable)

Are you currently being treated for any other health condition(s):_____
(if yes, please list)

Do you know what your blood pressure is? _____

List all prescription, medications and/or nutritional supplements you are taking

What:	For:
(eg., lipitor, echinecia)	(e.g., high blood pressure, diabetes, general health)
What:	For:
What:	For:

Please list chronic conditions, accidents, broken bones, serious illnesses, hospitilizations

eg., Arthrtis, MS, diabetes, high blood pressure, broken arm (even accidents a long time ago can effect you today)

Condition:	Date:
Condition:	Date:
Condition:	Date:

Your Personal Preferences During Massage Treatment

We endevor to provide you with the skills and environment you require in order to make your massage therapy & hydrotherapy treatment fit your needs today. ***Please - don't hesitate to let us know how we can better serve you!***

Temperature: **(circle one)**

Warmer: I prefer the masssage table to be **kept warm at all times**

Cool: I prefer **no heat be used at all**

May change: I prefer to **let you know throughtout the treatment** if I would like to have you change the temperature on the table

No Preference: I don't have a preference - **please proceed as you deem appropriate** and I will let you know if anything needs to be changed

Music: **(circle one)**

No music
Traditional massage therapy-type music
Soft/classic rock
Jazz
Classical
no particular preference - **you choose**

Talking/Conversation: **(circle one)**

None - please limit talking **only to what is needed** to proceed through treatment
A little is OK - a bit of conversation in the beginning and towards the end is fine but not too much
Talking is fine - my therapist may talk as much or as little as they like

No Preference: anything is fine with me