OHMBODYWORK
THERAPEUTIC
MASSAGE

Last Name _____ Hm Phone _____
First Name _____ M.I. _____ Wk Phone _____
Mailing Address _____ Cell Phone_____
City _____ State _____ Zip _____ Email _____
Occupation/Activities _____ Date of Birth __/__/____ Age _____M F
Injury Treatment? Yes _____ No _____ Date of Injury _____ Auto _____ Work _____ Other _____
How did you learn about us? _____
Primary Insurance _____ Name of Insured _____
Address of Insured (if different than above) _____ City/State _____ Zip_____
Date of Birth of Insured (if different than above) _____ Relationship to Insured_____
Insurance Policy # _____ Group # _____
Secondary Insurance _____ Name of Insured _____
Address of Insured (if different than above) _____ City/State_____Zip _____
Date of Birth of Insured (if different than above) _____ Relationship to Insured_____
Insurance Policy # _____ Group # _____
Auto Insurance (if PIP) _____ Claim # _____
Adjustor's Name _____ Phone _____
Workman's Comp or L & I _____ Claim # _____
Adjustor's Name _____ Phone _____

Please read and initial each line below:

___ I have contacted my health insurance company and have _____ visits per calendar year.
___ My deductible is _____. My co-pay or co-insurance is _____.
___ I will not hold OTM responsible for not knowing my insurance benefits and agree it is also my responsibility for tracking my massages so they do not exceed insurance maximums.
___ It is my responsibility to notify my therapist of any changes in my condition prior to treatment.
___ I understand my therapist does not diagnosis illness or disease.
___ I agree to the release of my information for medical and/or insurance for billing purposes.
___ I have been given or offered our privacy policy or HIPAA brochure.
___ We reserve the right to change our terms and conditions at any time.
___ I agree to cancel my appointments 24 hours in advance or be charged $25.00.
___ I am fully responsible for all health care bills for services rendered and payment is not contingent on settlements, judgments, or insurance payments. Unpaid balances are due 30 days from statement or invoice date. Interest of 1.5% or $1.00 minimum per month will be charged until balance is paid. Rebilling fees may be added. Each returned check will be charged $25.00 plus bank fees. If applicable, court, attorney and collection agency fees may be charged up to 50%.
___ I acknowledge the above information is accurate and agree to notify OTM of any changes.

Patient/Guardian Signature _____ Date _____

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	___Contagious Conditions	___Low Back Pain
___Arthritis	___Decreased Sensation / Numb	___Low Blood Pressure
___Artificial Joint	___Diabetes	___Muscle Sprain / Strain
___Blood Clots	___Fibromyalgia	___Osteoporosis
___Bruise Easily	___Headaches / Migraines	___Pregnant
___Bursitis	___Heart Attack / Stroke	___Skin Infections
___Cancer / Tumor	___High Blood Pressure	___Varicose Veins
___Contact Lens	___Hypo or Hyperglycemia	___Other Conditions _____

Other relevant health history

_____

Occupation/Activities

_____

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

_____

Habits	Heavy	Moderate	Light	None
Tobacco	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Caffeine	_____	_____	_____	_____
Sugar	_____	_____	_____	_____

What type of exercise? _____ How often? _____
Have you received massage before? Yes ____ No ____
If yes, what depth of work did you received? (Please Circle) Light / Medium / Deep / Very Deep
Why are you here today for massage? _____

INFORMATION AND SUGGESTIONS

- Prior to your massage, please remove contact lenses and all jewelry; pull long hair back with a clip or band.
- Massage is generally given while you are unclothed, however, you may wear undergarments or a swimsuit.
- During your massage you will be covered with a sheet. Only the area being worked on may be exposed.
- Your therapist is highly trained. You may ask your therapist questions before, during or after your massage.
- If the pressure is too intense or too light, please inform your therapist immediately.
- After your massage, your therapist may show you exercises or stretches to do at home.