



**"We need to know your knots"**

Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Martial Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Whom may we thank for referring you?  
\_\_\_\_\_

Circle Method of Payment:      (Cash)   (Check)   (Credit/Debit)   (Gift Certificate)

**Medical History:**

Please list all hereditary/congenital conditions: \_\_\_\_\_

Please list all surgeries and the dates: \_\_\_\_\_

Names of all medications you are currently taking: \_\_\_\_\_

Are you under medical care at this time? \_\_\_\_\_ If yes, for what condition? \_\_\_\_\_

List all Physicians that you are presently treating with: \_\_\_\_\_

Do you wear contacts? \_\_\_\_ Do you wear dentures? \_\_\_\_ Do you wear hearing aids? \_\_\_\_

**Massage History:**

Have you had previous experience with professional massage? \_\_\_\_\_

Do you experience any difficulty lying on either your stomach or back? \_\_\_\_\_

Is there any area of your body that you hold a particular amount of tension? \_\_\_\_\_

Please explain any physical or emotional difficulties:  
\_\_\_\_\_

I understand and agree that I am personally responsible for payment of all services rendered. Furthermore, I hereby voluntarily consent to massage therapy at THORASSIC PARK. I am aware that the practice of massage is not an exact science and that any procedure has an inherent risk. I acknowledge that no guarantees can be made to me as a result of my care in the office.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FACILITY AND STAFF PROVIDE THERAPEUTIC SERVICES ONLY.**

*If you seek other than therapeutic treatment be aware you are in violation of Florida law. All violations will be reported to the appropriate federal and state enforcement agencies.*

# Massage Cancellation Policy

We sincerely appreciate having you as a massage patient at Thorassic Park. We strive to provide you with the best service possible AND do our best to keep massage therapists on staff to handle your massage needs.

Because of the limited number of massage therapists for our many massage patients, we have implemented a massage cancellation policy for missed massage appointments.

Please give our office at least 24 hours notice if you MUST cancel your appointment, otherwise we will charge:

\$15.00 fee for missed half hour massage.

\$30.00 fee for missed one hour massage.

\$45.00 fee for missed one and a half hour massage.

\$60.00 fee for missed two hour massage.

I \_\_\_\_\_ have read and understand the massage cancellation policy.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your understanding in this matter.*

*Dr. Lee Rangel, DC and staff.*