**Banyan Massage**

Confidential Questionnaire for Massage Therapy

Name (First, Last, M.I.)

Address (with city & zip)

Phone: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Age: Gender F M

\*Required for insurance: SS # Driver’s Licence # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about Banyan Massage?

Emergency contact name and phone #

**Your Insurance Information**

**Type of Insurance:** Auto Health L&I/ Workers’ Comp

Insurance Company Name of **primary insured**

Primary Insured: Date of Birth SS # Primary is: Self Spouse Child

Referring Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Insured’s Employer Full Time Part Time

**Auto or L&I:**

Claim # Claims Adjuster \_\_\_\_ Phone #

**Health Insurance** ID#: Provider Services Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Read & Sign the Following**

I acknowledge that the above information is complete and accurate to the best of my knowledge and will notify my LMP of any changes in my physical condition prior to treatment or any changes in the information on this form. I agree to the release of information for medical and/or insurance purposes and authorize Banyan Massage to obtain any information from my healthcare providers concerning my health.

I understand that I am required to have a written prescription from my doctor for medical massage in order to bill any insurance for massage therapy treatments.

I am aware that I am fully responsible for knowing insurance plan benefits. I understand that I will be responsible for portion of a bill that my insurance company disputes or does not cover, including health plan co-pays and deductibles which are due at the time of service.

I also understand that I will be receiving therapeutic massage and that any illicit or sexual remarks or advances made my me will result in immediate termination of the session and will be held liable for payment of the service scheduled and that my insurance company will not be billed.

**Missed appointment or cancellation with less than 24 hours notice will be charged the full amount of the self-pay wellness rate. If you are sick please reschedule your appointment ASAP. For the safety of yourself, your massage therapist and all other patients, Do Not come to your appointment sick.**

**I understand and agree to the above in its entirety and I consent to receive massage therapy.**

Patient Signature Date

Guardian signature if patient is a minor

HEALTH HISTORY

**Have you ever experienced any of the following?** (mark **C** for current, **P** for past)

 HIV/AIDS Constipation Herpes Sciatica

 Allergies Diarrhea High Blood Pressure Stiff Joints

 Anemia Diabetes Low Blood Pressure Skin Allergies

 Athletes Foot Digestive Problems Insomnia Sprains/ Strains

 Arthritis Disc Problems Excess Stress Stroke

 Back Pain Diverticulitis Migraines Swollen Feet/ Legs

 Bone Fractures Eczema Muscle Spasms Tendonitis

 Bursitis Epilepsy/ Seizures Numbness Tingling

 Cancer Fibromyalgia Phlebitis Tumors

 Chronic Fatigue Headaches Psoriasis Varicose Veins

 Circulatory Problems Heart Attack/ Ailments Rashes Whiplash

 Colitis Hemophilia Ringworm **Pregnant/ trying**

Other:

**Accidents, Injuries or Surgeries**:

Less than 5 years ago:

More than 5 years ago:

Are you currently receiving medical or chiropractic care? If yes, explain.

Are you currently taking any medications, prescription & over-the-counter? If yes, explain.

Are you pregnant? \_\_\_\_\_\_\_ If yes, how many weeks? \_\_\_\_\_\_\_ Has your doctor OK’d you for massage therapy? \_\_\_\_\_\_\_\_\_

**Present Complaints:**

Please describe your current symptoms/problem area:

How and when the symptoms began:

What makes it better or worse:

Describe your current pain symptoms:

Intensity 1 2 3 4 5 6 7 8 9 10 (unbearable pain)

 Constant Frequent Occasional Intermittent

 Shooting Throbbing Dull Sharp/ Stabbing Burning Numbness / Tingling Sore

Anything else you’re experiencing right now?