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WHAT TO EXPECT

Massage Therapy: First Consultation 90 Minutes. Includes 1 hour massage and 30 minute assessment.

Use the following as a checklist of things to do prior to your first visit.

- ☐ Be sure to adequately hydrate in the days prior to first session.
- ☐ Do not consume alcohol within 24 hours of first session.
- ☐ Wear loose & comfortable clothing.

The first assessment & massage is to be paid up front before the first session.

Better Health & Nutrition requires a 48 hour cancellation notice if a scheduled appointment cannot be met. At the point of cancellation you can reschedule within 30 days or request a refund.

Disclaimer

Better Health & Nutrition Inc. makes no warranty or guarantee that the treatment received by its clients will achieve the results desired by the client. The client understands that **Better Health & Nutrition Inc.** and its employees, are not licensed under the laws of the State of Michigan in capacity to diagnose, make claim or treat illness or disease. In the event of any illness or disease **Better Health & Nutrition Inc.** strongly recommends that you consult the appropriate licensed medical personnel or physician.

Better Health & Nutrition Inc. is neither explicitly nor implicitly liable, responsible for any and all physical or psychological damages or injuries, which may arise from treatment at this facility by its employees. The purpose of **Better Health & Nutrition Inc.** is to build better health through massage therapy, nutrition, and dietary methods. We reserve the rights to refuse service to anyone we choose

Sign Name: ______________________________________
(The client fully understands and agrees with this disclaimer.)
Print Name: _____________________________
Address: ____
____
Phone #: _____________________________
Other #: _____________________________
E-Mail: ______________________________________
Birthday/Anniversary: _________________________
Date: _____________________

Below is a list of conditions which may seem unrelated to your appointment. However these questions must be answered carefully as these problems can affect your overall diagnosis, treatment plan and possibility of being accepted for care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- ☐ Appendicitis
- ☐ Scarlet Fever
- ☐ Diphtheria
- ☐ Typhoid Fever
- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Polio
- ☐ Malaria
- ☐ Tuberculosis
- ☐ Whooping Cough
- ☐ Anemia
- ☐ Measles
- ☐ Mumps
- ☐ Small Pox
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart Disease
- ☐ Goiter
- ☐ Influenza
- ☐ Pleurisy
- ☐ Alcoholism
- ☐ Venereal Disease
- ☐ Arthritis
- ☐ Epilepsy
- ☐ Mental Disorder
- ☐ Lumbago
- ☐ Eczema

CHECK ANY OF THE FOLLOWING YOU HAVE OR HAVE HAD THE PAST 6 MONTHS:

MUSCULO-SKELETAL CODE

- ☐ Low Back Pain
- ☐ Pain Between Shoulders
- ☐ Neck Pain
- ☐ Arm Pain
- ☐ Joint Pain/Stiffness
- ☐ Walking Problems
- ☐ Difficult Chewing/Clicking jaw

NERVOUS SYSTEM CODE

- ☐ Numbness
- ☐ Paralysis
- ☐ Dizziness
- ☐ Forgetfulness
- ☐ Confusion/Depression
- ☐ Fainting
- ☐ Convulsions
- ☐ Cold/Tingling Extremities

GENERAL CODE

- ☐ Allergies
- ☐ Loss of Sleep
- ☐ Fever
- ☐ Headaches

GASTRO-INTESTINAL CODE

- ☐ Poor/Excessive Appetite
- ☐ Excessive Thirst
- ☐ Frequent Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Hemorrhoids
- ☐ Liver Trouble
- ☐ Gall Bladder Problems
- ☐ Weight Trouble
- ☐ Abdominal Cramps
- ☐ Gas/Bloating After Meals
- ☐ Heartburn
- ☐ Black/Bloody Stool
- ☐ Colitis

GENITO-URINARY CODE

- ☐ Bladder Trouble
- ☐ Painful/Excessive Urination
- ☐ Discolored Urine

C-V-R CODE

- ☐ Chest Pain
- ☐ Short Breath
- ☐ Blood Pressure Problems
- ☐ Irregular Heartbeat
- ☐ Heart Problems
- ☐ Lung Problems/Congestion
- ☐ Varicose Veins
- ☐ Ankle Swelling

EENT CODE

- ☐ Vision Problems
- ☐ Dental Problems
- ☐ Sore Throat
- ☐ Ear Aches
- ☐ Hearing Difficulty
- ☐ Stuffed Nose

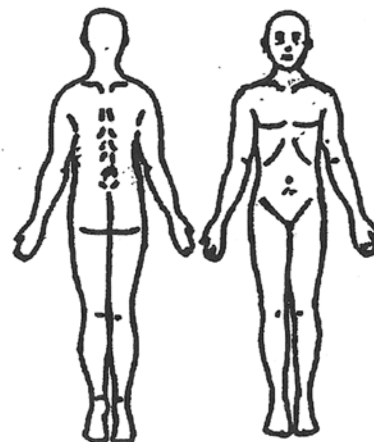
MALE/FEMALE CODE

- ☐ Menstrual Irregularity
- ☐ Menstrual Cramping
- ☐ Vaginal Pain/Infections
- ☐ Breast Pain/Lumps
- ☐ Prostate/Sexual Dysfunction
- ☐ Genital Herpes

Females Only:

When was your last period

Are you pregnant? ☐ Yes ☐ No ☐ Maybe



Please outline on the diagram the area of your discomfort

DO NOT WRITE BELOW THIS LINE