

PATIENT INFORMATION

Today's date ____/____/____

last name _____ first name _____

address _____

city _____ state _____ zip _____

email _____

____/____/____ _____ male female
date of birth age

single married separated divorced minor partnered

occupation _____

employer / school _____

employer / school address _____

_____ /____/____
spouses's name spouses's date of birth

spouses's employer _____

whom may we thank for referring you? _____

Have you ever received chiropractic care before?
 yes no

Details / Conditions treated _____

Have you ever received massage or any other type of
bodywork before? yes no

Details / Conditions treated _____

Allergies? yes no
Details _____

Heart Disease? yes no

Spinal Disease? yes no

NEUROMUSCULAR THERAPY WAIVER

I, _____ understand that neuromuscular therapy given at Tiburon Wellness Center, is for the purpose of stress relief, reduction of muscular tension, spasms and/or for increasing circulation and energy flow.

I understand that the therapist DOES NOT diagnose any illness, disease, or any other physical or mental disorder. Likewise, the therapist DOES NOT prescribe and medical treatment or pharmaceuticals; nor does she perform any spinal or structural adjustments.

It has been made clear to me that this therapy is not a substitute for a medical examination and that it is recommended that I see a physician (d.c., n.d., l.ac, m.d.) for any physical ailment that I might have.

Because a therapist must be aware of existing physical conditions, I have listed below all my known medical conditions and take it upon myself to keep the therapist updated on my physical health.

Significant past or current injuries: _____

Any/All Diagnosed Conditions : _____

With all this in mind, I agree to have neuromuscular therapy at Tiburon Wellness Center, and hold the clinic and it's employees and therapist harmless for any problems that might arise as a result of my session(s).

Signature of Patient

____/____/____
Date

Signature of Witness

____/____/____
Date