



We would like to welcome you to the Creekside Performance Center, Sheboygan's Premier Chiropractic and Sports Rehab facility. Voted Best Of Sheboygan by the Sheboygan Press in '19, '20, '21, '22, '23, and 2024 including: best chiropractic office, best sports rehab facility, best acupuncture (dry needling), and best massage therapy. To help us assist you, please complete the following form to the best of your ability. This will ensure you are receiving the best massage therapy treatments for you. Our massage therapists specialize in providing high-level massage therapy services tailored to your unique needs. Whether you seek relaxation, recovery, or rejuvenation, our team is here to ensure you receive the highest quality care. We look forward to enhancing your well-being and providing you with an exceptional massage therapy experience at Creekside Performance Center. Thank you and we look forward to serving you! -The Creekside Team

PERSONAL INFORMATION

Full Name :

Nickname : _____

Date of Birth : ____ / ____ / ____ Race: _____ Gender: _____

Address : _____

City : _____ State : _____ Zip : _____

Cell Phone Number: _____ Cell Phone Provider : _____

Home Phone Number: _____ E-Mail : _____

Occupation : _____ Employer : _____

Emergency Contact Name : _____ Relation : _____

Emergency Contact Phone Number : _____ How did you hear about our services? _____

BRIEFLY EXPLAIN WHY YOU ARE SEEKING MASSAGE SERVICES

Please answer the following questions:

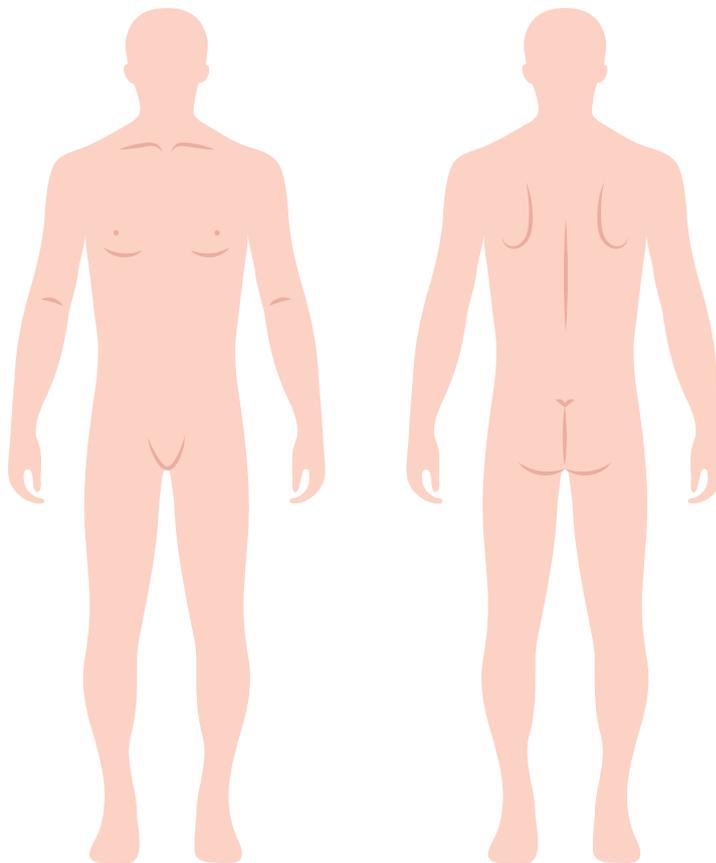
Have you had a massage in the past? Yes No If so, how often? _____

What pressure do you prefer? Light Medium Firm Deep Tissue* *additional \$10 for 30 min, \$20 for 60/90 min

Are you interested in any massage enhancements? Multiple enhancements may be used in each massage.

- Ashiatsu: Therapist uses their bare feet to deliver deep compression utilizing long gliding strokes (+\$20/60 min)
- Cupping: Eases stiff tissue tension using suction cups to create a pulling pressure instead of pushing (+\$10)
- Hot Stone: Utilizing warm, smooth stones this helps warm and relax muscles for even more relief (+\$10)
- CBD Oil: Oil that utilizes hemp derived CBD that assists with overall relaxation and ease of pain (+\$10)

Please circle or mark any areas that you would like your massage therapist to focus on



NOTES

MEDICAL HISTORY

Do you have a history of any of the following conditions? If so, briefly explain next to the condition.

- Yes No Allergies
- Yes No Arthritis
- Yes No Circulation/ Cardiovascular problems
- Yes No Diabetes
- Yes No Headaches / Migraines
- Yes No Numbness / Tingling
- Yes No Varicose/ Spider veins
- Yes No Recent Illness
- Yes No Surgeries
- Yes No Do you have a history of significant trauma? (car accidents, etc)
- Yes No Do you have osteoporosis or osteopenia?
- Yes No Skin Conditions
- Yes No Currently Pregnant (ask for additional form)

Please list any current medications, vitamins, or supplements (name, what it is taken for):

NOTES

OFFICE POLICIES & CONSENT TO MASSAGE THERAPY SERVICES

Consent to Massage Therapy Services:

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/ or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that Massage Therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists' part should I fail to do so.

Initial: _____

Draping will be used during the session- only the area being worked on will be uncovered. Clients must be 16 years or older. A parent or legal guardian must be on the premises during the entire session if between age 16-18. Informed written consent must be provided by a parent or legal guardian for any client under the age of 18 (see below). The use of coconut oil will be applied directly to the skin, if you have allergies or skin conditions that prohibit use of oil, you must inform the Massage Therapist before the session starts. With specific allergies or skin conditions please feel free to bring your own massage oil/ lotion to ensure your health and safety.

Initial: _____

Payment and Insurance:

Our goal is to make payments easy and affordable. Our fees are based on the quality of the materials we use and our experience in performing your needed treatment. Payment must be made in full the day of the appointment we accept cash/ check/ credit card. Massage Therapy services at the Creekside Performance Center do not participate with any insurance carrier. We do not submit medical claims on your behalf. I clearly understand and agree that all services rendered to me will be immediately due and payable.

Initial: _____

Cancellation Policy:

Our goal is to provide quality services to all our patients in a timely manner. When scheduling your massage, we do require a credit card kept on file. No-shows, late arrivals, and cancellations inconvenience not only our massage therapists, but our other clients as well. Please be aware we do have a 24 hour cancellation policy. If you need to reschedule an appointment please allow at least 24 hours notice to avoid the fee. Cancellations within 24 hours will be charged half of the service price to the credit card on file. No call/no show missed appointments will result in full service price being charged.

Initial: _____

By signing below, I acknowledge that I have read and understand the above stated information. Any questions have been answered satisfactorily, and I agree to the above stated policies.

Clientt/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____