



Dr. Maura Davis & Dr. Jessica Roan
 Marcelle Racine L.M.T.
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 (508) 230-2323

Name _____ Date of Birth _____
 Phone # _____ E-mail _____
 Address _____
 Occupation _____ Marital Status _____

Have you received a professional massage before? _____
 Do you have any concerns about being massaged? _____
 Are there any areas that you would like me to avoid? _____
 What are your goals for this session? _____
 Some of the oils/lotions used contain nut oils. Have you ever had a reaction to peanuts or treenuts? _____

Are you currently pregnant? _____ If so, what trimester? _____
 Have you had any recent falls or injuries that are still affecting you? _____
 Are you presently under any medical or therapeutic care? _____
 Please list any current medications that you are taking: _____
 Please circle any other medical conditions that have applied to you within the last year:

- | | | | | |
|-----------------------|-----------------|----------------|-------------------------|--------------------------|
| Numness/Tingling | Shingles | Sciatica | Pinched nerve | Chronic pain |
| Ulcers | Herpes | CP | Sleep disorder | Chronic fatigue syndrome |
| Muscular Dystrophy | Parkinson's | Dizziness | Swelling | Shortness of breath |
| Cold feet/hands | Stroke | Blood clot | Heart condition | Varicose veins |
| Allergies | Asthma | Lymphedema | Abnormal blood pressure | |
| Headaches | Joint problems | Broken bones | Strains/Sprains | Back/Hip pain |
| Shoulder/Neck pain | Leg pain | Chest/rib pain | Abdominal pain | Lupus |
| Arthritis/Gout | Scoliosis | Osteoporosis | Tendonitis | Skin allergies |
| Herpes/Cold sores | Open cuts/sores | Cancer | HIV/AIDS | Diabetes |
| Fever (within 24 hrs) | Depression | Anxiety | Digestive problems | Endometriosis |
| Hysterectomy | Other _____ | | | |

I have listed all of my known medical and physical limitations. I agree to inform the practitioner of any changes in my health before each session. I understand that the massage is purely therapeutic in nature, and the practitioner is not qualified to diagnose or treat any medical or emotional condition. If at any time I feel that my well-being is compromised, I agree to communicate it to my practitioner.

Signature _____ Today's Date _____

At Roan Family Chiropractic, we successfully care for people without the use of drugs or surgery. We see people of all ages with a wide variety of symptoms. Would you be interested in educating yourself and your family about how chiropractic can help, with no financial obligation?

___ Yes, I am interested in learning more about chiropractic.