

New Client Form



Alexandria Myotherapy, Inc.
333 North Fairfax Street, Suite 303
Alexandria, VA 22314
(703) 548-2270

Name: _____ Date: _____ Age: _____ Male Female
Address: _____ City: _____ State: _____ Zip: _____
Phone: Home: () - Cell: () - Date of Birth: _____
E-mail: _____ Occupation: _____
Emergency Contact: _____ Phone: () - Relation: _____
How did you hear about us?

Do you have any of the following symptoms?

- | | | |
|---|---|---|
| <input type="checkbox"/> intolerance of cold | <input type="checkbox"/> feelings of anxiety | <input type="checkbox"/> stuffy feeling in ear or loss of hearing |
| <input type="checkbox"/> intolerance of heat | <input type="checkbox"/> dry, rough skin | <input type="checkbox"/> blurred vision |
| <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> rapid heart rate | <input type="checkbox"/> unexplained pain in teeth |
| <input type="checkbox"/> depression | <input type="checkbox"/> nausea | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> increase in pain with onset of cold, rainy weather | <input type="checkbox"/> headaches: how often? | <input type="checkbox"/> numbness: where? |
| <input type="checkbox"/> high cholesterol | <input type="checkbox"/> dizziness | <input type="checkbox"/> unusual/sudden weakness where? |
| <input type="checkbox"/> sweating | <input type="checkbox"/> veering to one side while walking or driving | |

Describe any other disturbing symptoms (non-pain)

Medical Conditions

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> allergies | <input type="checkbox"/> diabetes | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> migraine |
| <input type="checkbox"/> anemia | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hypertension | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> hyperthyroid | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> asthma | <input type="checkbox"/> gout | <input type="checkbox"/> hypoglycemia | <input type="checkbox"/> sinusitis |
| <input type="checkbox"/> cancer | <input type="checkbox"/> heart disease | <input type="checkbox"/> hypothyroid | <input type="checkbox"/> sleep apnea |
| <input type="checkbox"/> chronic infection | <input type="checkbox"/> herpes | <input type="checkbox"/> indigestion | <input type="checkbox"/> stroke |
| <input type="checkbox"/> constipation | <input type="checkbox"/> hiatal hernia | <input type="checkbox"/> irritable bowel | <input type="checkbox"/> tinnitus |

Other Conditions:

Referring Physician:

Primary Care Physician:

Surgery

Date

Accidents (what kind?)

Injury

Date

For Women

Are you pregnant?

Are your menstrual periods normal?

Do you have PMS?

If yes, is it mild, moderate, severe?

Name

Date



Alexandria Myotherapy, Inc.
333 North Fairfax Street, Suite 303
Alexandria, VA 22314
(703) 548-2270

Reason for visit today:

What is the medical diagnosis?

How long have you had this complaint?

Have you had a similar complaint before? When?

Did this problem begin gradually, suddenly? Explain

Is your problem constant, intermittent? How often?

Does the intensity of your problem vary? Explain

What do you believe caused your problem?

What helps your condition?

What aggravates your condition?

Current Medications

Purpose

Effectiveness

Therapies Used (including massage)

Effectiveness

Additional Comments

Name

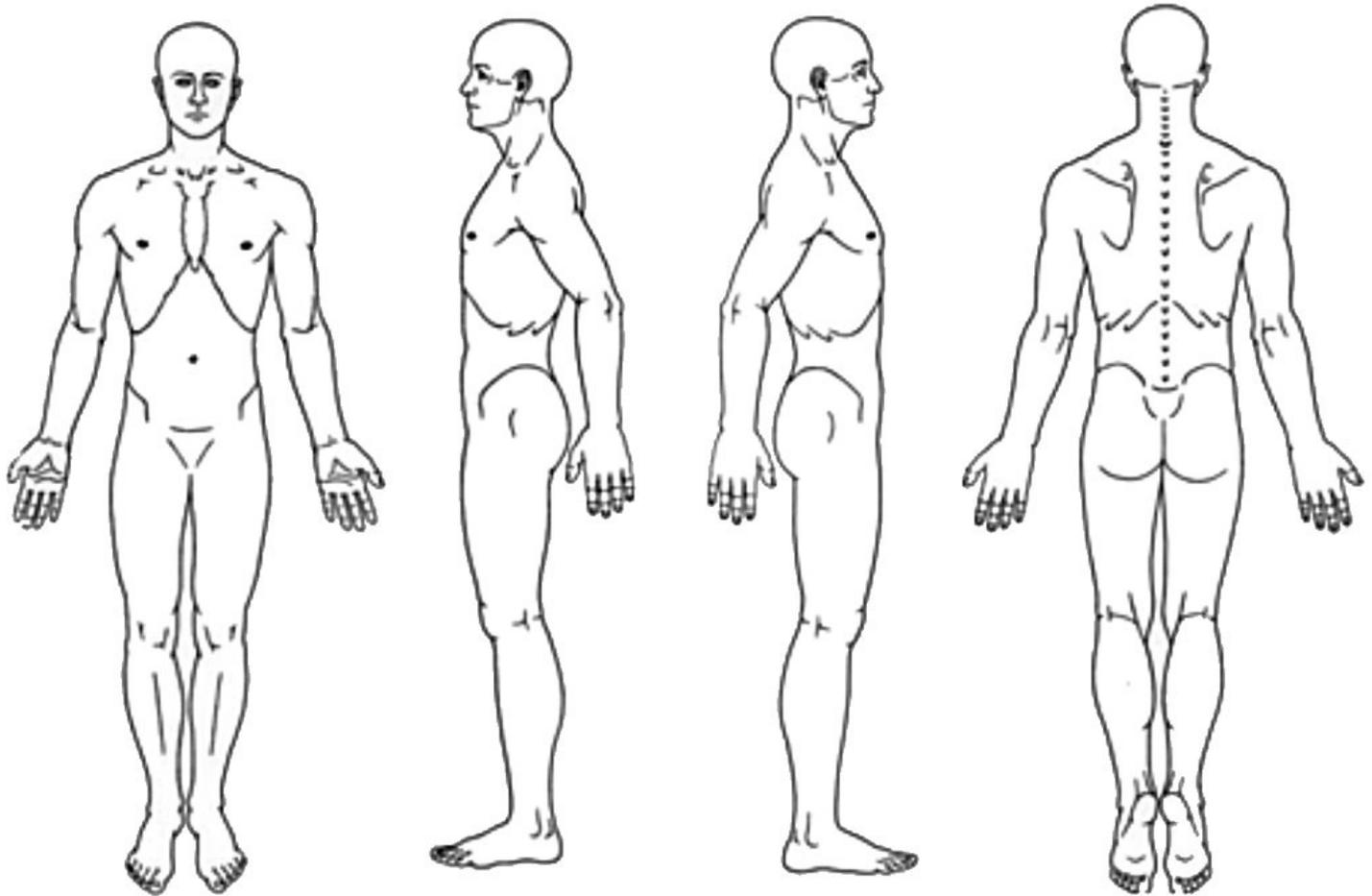
Date



Alexandria Myotherapy, Inc.
333 North Fairfax Street, Suite 303
Alexandria, VA 22314
(703) 548-2270

Areas of Discomfort

* Figures reproduced with permission from Travell & Simmons Myofascial and Dysfunction, 1983. The Williams and Wilkins Company.



Using numbers 1-8 (1 being the most bothersome) indicate on the diagram your area of pain. Use the following letters to describe your symptoms:

R=Radiating, **B**=Burning, **D**=Dull, **A**=Aching, **S**=Sharp/Stabbing, **T**=Tingling, **N**=Numbness

- | | | | |
|----|----|----|----|
| 1. | 2. | 3. | 4. |
| 5. | 6. | 7. | 8. |

Notes

Name

Date



Alexandria Myotherapy, Inc.
333 North Fairfax Street, Suite 303
Alexandria, VA 22314
(703) 548-2270

CLIENT AGREEMENT

I am aware that when I make an appointment, the scheduled time is reserved for me, and should I cancel with less than 24 hours' notice, I am responsible for payment in full. I understand, too, that if I am late for an appointment, the therapist may not be able to give me a full session, though I am responsible for the full charge.

I understand that massage is not a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any physical or mental ailment of which I am aware. I understand that the massage therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. I also understand that the employees of Alexandria Myotherapy, Inc. have access to my records. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist informed of any changes in my medical condition and understand that there shall be no liability on the therapist's part should I neglect to do so.

I agree to let the therapist know whether any procedure is causing me discomfort, whether from pressure, heat, or any other cause. I understand that failure to do so may cause me harm, and there shall be no liability on the therapist's part if I fail to communicate my discomfort.

- I agree to pay for any appointments I fail to keep without giving 24 hours notice.**
- I have read and understand the policies and fee schedule and testify that the information I have provided is true.**

Signature

Date



Alexandria Myotherapy, Inc.
333 North Fairfax Street, Suite 303
Alexandria, VA 22314
(703) 548-2270

Please keep this in your glove compartment and place it in one of your windows when you park in the garage, which is permitted only on weekends or after 5:30 weekdays.

Please note: *On occasion there is a parking company that takes over the garage on weekends, and then you will need the visitor pass to avoid paying a parking fee.*

----- tear here -----

V I S I T O R

to

Alexandria Myotherapy, Inc.

Suite 303

703-548-2270

**Valid only weekdays after 5:30 p.m.
and on weekends**