Triad Integrated Massage Therapy
Client Questionnaire

Personal Information

COVID-19 SYMPTOMS

☐ Have you had a fever in the last 24 hours of 100°F or above?
☐ Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?
☐ Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

BASIC INFORMATION

First Name

Last Name

Date of Birth

MM DD YYYY

Gender

○ Male ○ Female ○ Not Specified

Occupation

CONTACT INFORMATION

Email

Phone (mobile preferred)

☐ Cell

Address

City

State

Zip

EMERGENCY CONTACT INFORMATION

Contact Name

Phone

Relationship

How did you hear about us?

DOCTOR (OPTIONAL)

Physician Name

Phone

Existing Conditions Information

Respiratory

- ☐ Asthma
- ☐ Bronchitis
- ☐ Chronic cough
- ☐ Emphysema
- ☐ Shortness of Breath

Cardiovascular

- ☐ Blood Clots
- ☐ Cardiovascular Accident
- ☐ Cerebral-vascular Accident
- ☐ Cold Feet
- ☐ Cold Hands
- ☐ Congestive Heart Failure
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Lymphedema
- ☐ Myocardial Infarction
- ☐ Pacemaker
- ☐ Phlebitis
- ☐ Stroke
- ☐ Thrombosis/Embolism
- ☐ Varicose Veins

Skin

- ☐ Bruise Easily
- ☐ Hypersensitive Reaction
- ☐ Melanoma
- ☐ Skin Conditions
- ☐ Skin Irritations

Head & Neck

- ☐ Ear Problems
- ☐ Headaches
- ☐ Hearing Loss
- ☐ Jaw Pain (TMJD)
- ☐ Migraines
- ☐ Sinus Problems
- ☐ Vision Loss
- ☐ Vision Problems

Infectious Conditions

- ☐ Athlete's Foot
- ☐ Hepatitis
- ☐ Herpes
- ☐ HIV
- ☐ Respiratory Conditions
- ☐ Skin Conditions

Women

- ☐ Gynecological Conditions
- ☐ Pregnancy

Soft Tissue / Joint Dysfunction

- ☐ Ankles (Left)
- ☐ Ankles (Right)
- ☐ Arms(Left)
- ☐ Arms(Right)
- ☐ Feet (Left)
- ☐ Feet (Right)
- ☐ Hands (Left)
- ☐ Hands (Right)
- ☐ Hips (Left)
- ☐ Hips (Right)
- ☐ Knees (Left)
- ☐ Knees (Right)
- ☐ Legs (Left)
- ☐ Legs (Right)
- ☐ Lower Back (Left)
- ☐ Lower Back (Right)
- ☐ Mid Back (Left)
- ☐ Mid Back (Right)
- ☐ Neck (Left)
- ☐ Neck (Right)
- ☐ Shoulders (Left)
- ☐ Shoulders (Right)
- ☐ Upper Back (Left)
- ☐ Upper Back (Right)

Family History

- ☐ Cardiovascular Conditions
- ☐ Respiratory Conditions

Miscellaneous

- ☐ Allergies
- ☐ Anaphylaxis
- ☐ Artificial Joints / Special Equipment
- ☐ Arthritis
- ☐ Cancer
- ☐ Crohn's Disease
- ☐ Diabetes
- ☐ Digestive Conditions
- ☐ Dizziness
- ☐ Epilepsy
- ☐ Fibromyalgia
- ☐ Gout
- ☐ Hemophilia
- ☐ Insomnia
- ☐ Loss of Sensation
- ☐ Lupus
- ☐ Mental Illness
- ☐ Osteo Arthritis
- ☐ Osteoporosis
- ☐ Other Diagnosed Diseases
- ☐ Other Medical Conditions
- ☐ Rheumatoid Arthritis
- ☐ Shingles
- ☐ Stress
- ☐ Surgical Pins or Wire

Allergies and other conditions your provider should be aware of

Neurological

- ☐ Burning
- ☐ Cerebral Palsy
- ☐ Herniated Disc
- ☐ Multiple Sclerosis
- ☐ Numbness
- ☐ Parkinsons
- ☐ Stabbing pain
- ☐ Tingling

Please list any medications or drugs you are currently on

Additional Questions

What is your current stress level?

What activities do you do?

Please list any previous surgeries

Issues to Address Information

Cause of Injury or Concern

How Long Since First Noticed

Describe your treatment goals

Past Treatment

Additional Questions

Do you have NYSHIP insurance? If yes, please provide your ID# and DOB. We will need a copy or your card and license send to triadjgenao@gmail.com or text it to 631-372-3222

Client Waiver Form

Please take a moment to read and initial the following information:

- Triad Integrated Massage Therapy PLLC assessment and treatment philosophy is muscle activation, soft tissue release, and corrective exercise. Muscle activation consists of muscle response testing, integrated neurological and mind-body (hypnosis included) corrections to help restore proper muscle, joint function, and aid in releasing hypertonic muscles and facia. The use of mechanical, deep pressure, as well as scraping tools may be used to help with soft tissue release.
- Corrective exercise can be loaded or unloaded to help strengthen weak antagonistic muscles.
- It is my choice to receive integrated massage therapy. I understand there is no implied or stated guarantee of success of the effectiveness of individual techniques or series of appointments. I acknowledge that integrated massage therapy is not a subsitute for medical care, medical examination or diagnosis.
- I stated all medial conditions I am aware of and will inform my practitioner of any changes in my health status.
- I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

☐ I have read the statement above and agree to all the policies

Client Signature*

Date*