TONUS BODY WORKS, LLC.

(Please Print)

Today's date:	Therapist:

PATIENT INFORMATION

Last Name:	First Name:	Middle Initial:	Date of Birth:
Phone No:	Email:		Would you like to join our mailing list? ☐ Yes
Would you like appointment reminders? If so, please check one. ❑ Text Message ❑ Email ❑ Call			
Street address:			
City:	State:	Zip Code:	

How did you hear about us?

HEALTH QUESTIONNAIRE

What are your goals for health and how may we assist you in achieving your goals?

List typical daily activities-work, exercise, and home.

Are you currently experiencing any of the following? <u>If yes, please explain.</u>

Pain/tenderness	☐Yes ☐No
Numbness or tingling	☐Yes ☐No
Stiffness	☐Yes ☐No
Swelling	☐Yes ☐No

List all illnesses, injuries, and health concerns you have/have had in the past 3 years. (Examples: arthritis, diabetes, car crash, pregnancy).

List all medications and pain relievers taken this week.

List any allergies and/or sensitivities.

I have provided all my known medical information. I acknowledge that massage therapy is not a substitute for medical diagnosis and treatment. I give my consent to receive treatment.

I acknowledge that Tonus Body Works has instituted a "No Show and Late Cancellation" policy that will result in a $35 fee if you cancel your appointment with less than 24 hours' notice or do not show up for your appointment.

Signature: _____ Date: _____

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ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I, _____, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.

Obtain payment from third-party payers.

Conduct normal health care operations such as quality assessments and accreditation.

_____

Patient

_____

Signature

_____

Date

For Office Use Only

We attempted to obtain written Acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:

- ☐ **Individual refused to sign**
- ☐ **Communications barriers prohibited obtaining the Acknowledgment**
- ☐ **An emergency situation prevented us from obtaining Acknowledgment**
- ☐ **Other (Please Specify) _____**

_____

_____

Staff signature **Date**