Zingara – Muscle Therapy LLC
INTAKE QUESTIONNAIRE

We are pleased to welcome you to our practice.
Please take a few minutes to fill out these forms as completely as you can.

CLIENT INFORMATION:

Whom may we thank for referring you to our office? ____

Full Name: ____
First Last Preferred Name

Address: ____
Street Apt City State Zip

Phone #: ( ) _______________________ Email: ____

Birthdate: ____ /____ / ________ Age _________ Gender: Male Female

Occupation /Student _______________________________ Employed By: /School ___________________________________

In case of emergency, who should be notified: ____

Relationship:___________________ Phone #: ____

Have you ever had a Therapeutic Massage (Deep Tissue)? Yes No

Do you have any questions about the process? Yes No

Do you bruise easily? Yes No

Any Allergies to Nuts? Yes No ____

Zingara – Muscle Therapy uses different nuts in our Massage Lotions – Please tell us if you have a nut allergy

Please list all other therapies and medical treatments you are currently receiving and how often:

Chiropractor:____

Physical Therapist: ____

Other: ____

____

Please List Any MAJOR Medical Conditions you have: (Example: Cancer, Diabetes, Arthritis)
Many major medical conditions have Contra Indications for Neuromuscular Muscle Therapy or Deep Tissue Massage and/or areas that cannot be worked – please list any condition you have been diagnosed with.

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MEDICAL HISTORY: Page 1

Please check all the Medical Conditions that apply to you.

- ☐ Cortisone Treatments
- ☐ Artificial Joints: (Circle One)
  - ○ Knee Hip Shoulder Other ______________
- ☐ Pins or Plates in the body: ____________________
- ☐ Circulatory Problems
- ☐ Fibromyalgia
- ☐ High Blood Pressure ________________________
- ☐ Low Blood Pressure ________________________
- ☐ Skin Rash

- ☐ Vertigo
- ☐ Dizziness
- ☐ Dental Issue/Major Dental Work
- ☐ TMJD (Temporomandibular Joint Disorder)
- ☐ Grind your teeth
- ☐ Clench your teeth
- ☐ Pain when chewing
- ☐ Hearing loss
- ☐ Low Vision / Vision Loss
- ☐ Sinus Problems
- ☐ Headaches
- ☐ Migranes

- ☐ Neck Pain _______________ (location)
- ☐ Whiplash

- ☐ Cough, Persistent
- ☐ Shortness of Breath

- ☐ Top of the Shoulder Pain
- ☐ Rounded Shoulders
- ☐ Pain in Shoulder Joint
- ☐ Rotator Cuff Injury

- ☐ Scoliosis, Kyphosis or Lordosis

- ☐ Pain in the Elbow Joint
- ☐ Arm Numbness
- ☐ Arm Electrical Pain
- ☐ Tennis Elbow

- ☐ Carpal Tunnel
- ☐ Thumb/Thenar Pain
- ☐ Pain in Hands

- ☐ Shoulder Blade Pain
- ☐ Upper Back Pain
- ☐ Middle Back Pain
- ☐ Low Back Pain

- ☐ Sciatic Nerve Pain (Electrical pain in Legs)
- ☐ Hip Joint Pain
- ☐ Hip Pain (Gluts)
- ☐ Wear Flip Flops
- ☐ Groin Pull
- ☐ Tight/Painful Hamstrings
- ☐ Tight/Painful Quads
- ☐ Tight/Painful ITBand

- ☐ Knee Ligament Tear: (Circle One)
  - ○ ACL, PCL, MCL or LCL
- ☐ Knee Joint Pain
- ☐ Shin Splints
- ☐ Lower Leg Pain
- ☐ Achilles Tendon Pain
- ☐ Ankle Joint Pain
- ☐ Plantar Fascitis
- ☐ Foot Pain

- ☐ Play a Musical Instrument: __________________
- ☐ Sing Professionally / Often

Reason for your Visit Today

____

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Right or Left Handed (Circle One)

(Women) Are you pregnant? Yes No Nursing? Yes No

Have you received a Pre-Natal Massage Yes No

Have you received a Post-Partum Massage Yes No

How Many Hours A Day do you spend looking straight down with your head?

Texting ______ Hours Per Day

Laptop/iPad ______ Hours Per Day

Reading ______ Hours Per Day

Gardening ______ Hours Per Day

What Position to do sleep in?

Right Side:	Go To Sleep	Sleeping Position	Awaken
Left Side:	Go To Sleep	Sleeping Position	Awaken
Back:	Go To Sleep	Sleeping Position	Awaken
Face-Down:	Go To Sleep	Sleeping Position	Awaken

What are your Work Postures?

Computer ______ Hours Per Day What position do you sit in? ________________________________

Do you "Shoulder" a Phone? YES NO

Standing: ______ Hours Per Day ____

Driving: ______ Hours Per Day ____

Other: ____

When at home relaxing: resting, watching TV, reading: Do you?

- ☐ Sit square – 90 degree angles
- ☐ Cross Your Legs
- ☐ Sit with your legs curled underneath you
- ☐ Sit at an angle
- ☐ ____

Signature

All the information on these forms are correct and complete to the best of my knowledge. I will not hold my LMT (Licensed Massage Therapist) or any member of the Zingara – Muscle Therapy LLC team responsible for any errors or omissions that I may have made in the completion of these forms.

Client Name ____

Signature____Date____/____/______

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Policies

NO Show Policy:

First Time Clients who do not call or show up for their first appointment will not be allowed to schedule another appointment. Existing clients must give Zingara - Muscle Therapy notice in advance of 24 hours to cancel an appointment. In doing so, the open time can be filled with someone needing an appointment. Missed appointments will have a fee charged to your account, which must be paid at the client's next scheduled session: First Miss: $50
Second Miss: No Longer Allowed to Schedule Appointments

_________Please initial here: If you have read and understand the above statement.

Please arrive EARLY for your appointment:

We also ask that you arrive to the appointment 15 minutes in advance. This will give you time to use the restroom and cool down and put your head into a space of healing – instead of rushing. If you arrive late for your appointment time – you will still be charged for the entire appointment that was booked. Arriving late will force the Therapist to work faster and may not allow for all the time needed to release the entire body.

_________Please initial here: If you have read and understand the above statement.

Inappropriate Behavior:

Any solicitation of a Therapist will result in Criminal Charges.
Law enforcement officers will be contacted and you will be charged to the highest level that can legally be processed.

_________Please initial here: If you have read and understand the above statement.

Muscle Therapy Expectations:

Zingara - Muscle Therapy LLC involves Therapeutic Neuromuscular Massage. This involves removing trigger points and scar tissue. The end result may create bruising and/or aching and pain. Most pain will last for two days, the morning you awake on the third day all pain will have dissipated. In rare cases, the pain may last longer. In all cases, your therapist will speak with you prior to performing any work that will cause an after effect. You will be asked to agree to the continuance of this work. Zingara – Muscle Therapy LLC respects you and your limitations as well as wanting to help alleviate your pain.

_________Please initial here: If you have read and understand the above statement.

We appreciate your respect of these office policies. You cooperation helps us honor our promise to you to provide efficient and excellent care. Thank you.

Please sign below to verify you have read and understand the above policies.

Client Name: _________________________ Signature: ____

Date: _________________________