Welcome to the RUB CLUB!

Please take a few minutes to fill out this questionnaire. This will help us serve you better.

Date:		
Name:		D.O.B.:
Address:	City:	State:Zip:
Home Phone:	Work:	Ext:
Cell Phone:	Email:	
Type of Employment:		Any lifting involved? Y or N
Do you have health insura	nce? Y or N Insura	ance Co. name:
Marital Status: Single Ma	rried Divorced Wid	lowed
Please circle any answers	that apply:	
1. How did you hear a Internet, or Referre	bout our office? Fax, d by:	, Newspaper, TV, Coupon, ractic care before? Y or N
2. Have you ever had a (Circle which one) I the care?	Did it help? Y or N H	ractic care before? Y or N low long ago did you receive
3. Are you presently b		or? Y or N
		nonths?
5. Do vou presently ha	ve any of the sympt	oms below? (Circle all that apply)
NECK PAIN	SHOULDER PAIN	MID BACK PAIN
LOW BACK PAIN	RADIATING LEG PAIN	LEG NUMBNESS
NUMBNESS	TINGLING	HEADACHES
BLURRED VISION	RINGING IN EARS	NAUSEA
KNEE PAIN F	HIP PAIN	ANKLE/FOOT PAIN
FIBROMYALGIA O	THER SYMPTOMS	
	Alexan madient and the	
		tions? (Circle all that apply) IRE HEART PROBLEMS
	CANCER	
DIADETES BLOOD CLOTS	VADICOSE VEINS	SEIZURES
SKTN DDORI EMS	CONTACTIOS DISEAS	BLOOD DISEASES
OTHER MEDICAL PROBL	EMS:	
ON ANY BLOOD THINNE	RS?	
7. Have you been invo	lved in a motor vehi	cle accident within 1 year?
		d for a work injury?
		personal injury claim within 1
year?		personal injury claim within 1
		LUB as a charter member?
		IGHT MEDIUM DEEP

Our massage therapists use modest draping for your comfort. Therapist DO NOT massage the breasts or genital areas. Is there any part of your body that you do not want the therapist to massage?

1-hour massage session includes a 50-minute massage, time for consultation, undressing & redressing