

Practitioner/Clinic Name: _____

Screening Questionnaire

Contact Information: _____

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Client Information

Client Name: _____ Date: _____

Preferred phone number: _____ Best time to call: _____

Email address: _____ Preferred form of communication: _____

Massage Information

How did you hear about me? (referral, Facebook, etc.) _____

Is this a gift certificate? Yes No

Massage history:

Have you had a massage/bodywork before? Yes No

Frequency: _____

Types of massage/bodywork received: _____

Preferred types of massage: _____

Reasons for seeking massage? (relaxation, injury, etc.) _____

Description of injury/health condition: _____

Possible complications/medications: _____

Expected outcomes (functional improvement, symptom relief, wellness): _____

Typical activities of daily living (affected by condition?): _____

Occupation (affected by condition?): _____

Are you seeking insurance reimbursement? Yes No

Car collision/personal injury? _____

On-the-job injury? _____

Private health insurance? _____

Do you have a physician referral with diagnosis codes? _____

Let clients know if you provide billing services, and if so, for what types of claims, or if you will simply provide receipts and/or copies of records for them to submit for reimbursement. Let clients know a physician referral demonstrating medical necessity is required for insurance reimbursement/health savings account reimbursement regardless of who submits bills.

Best times for massage: _____



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Communication Checklist

- Fees/forms of payment
- Cancellation/No-show policy
- Late arrival policy
- Confidentiality
- Parking/directions
- Work setting
- Clothing/shiatsu
- Modesty/Nonsexual/draping
- Food/drugs/alcohol
- Oils/lotions/allergies

Do you have special needs I should prepare for:

Do you have any questions or concerns:

If out-call, ask for directions, parking, or special instructions:

Packet Checklist

- Health Information
- Health Status Report
- Billing Information
- Directions/map

Date sent _____

Additional Notes

