

Portland Massage and Chiropractic Services LLC
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Massage Only Guest Questionnaire

Name: _____ DOB: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____ Occupation: _____

How Were You Referred? _____

General Health

Are you currently under medical or chiropractic care? Yes No. If "yes", please describe your condition requiring medical care: _____

Do you have any past medical condition that we should be aware of? Yes No. If "yes", please list: _____

Do you have any allergies to topical solutions, medications, specific products or massage oils/lotions?

Yes No. If "yes", please list any allergies: _____

Have you ever had complications or adverse reactions occur during or after a massage, body scrub, or bronzing before? Yes No.

If "yes", please describe: _____

Massage Therapy/Body Treatments

Have you ever had a professional massage before? Yes No.

If "yes", when was your most recent? _____

Do you prefer your massage pressure to be: Light Medium Heavy (circle one)

Where do you feel the effects of stress in your body? _____

Is there any body part that is painful or sensitive to the touch? Yes No. If "yes", please list: _____

To benefit most from your massage, please prioritize what areas you would like your therapist to give attention to: _____

Release of Liability

The above information is true and correct to the best of my knowledge. I acknowledge that my service is not a substitute for medical examination and diagnosis, and that it is recommended that I consult with my primary health care provider for that service. I am here for the purpose of relief of musculoskeletal pain.

With the undersigned, I confirm that I am allowing treatment, and I am responsible for speaking up, or discontinuing treatment if I feel that the treatment is not right for me. Therefore, I acknowledge that I am a responsible participant in my own treatment, and I release Portland Massage & Chiropractic Services LLC of any and all liability from damage as a result of my treatment. I understand that under Oregon law if there is any fungus or disease that the practitioner perceives as a potential risk, that the service may be discontinued at any time. Guest Signature: _____