

Welcome

Crossing Chiropractic & Massage Wellness Center

Finding us: The Massage Wellness Center is located at **5770 Gateway Blvd, Suite 103 Mason, Ohio 45040**. We are off of Tylersville Road, behind Culver's restaurant. When you see the 700 WLW radio tower, we are located right next to that. Look for building **5770**. If you are visiting the Massage Wellness Center on a day that Crossing Chiropractic is closed go to Suite 103. If you have a chiropractic appointment go to Suite 102.



Dr. Richard G. Jones,
Crossing Chiropractic
Suite 102

Massage Wellness Center
Suite 103

Upon arrival to our office.

Please arrive at our office *20 minutes early* so that you can make sure your massage intake form is filled out. This will also give you time to relax and unwind in our lobby. **All massage appointments start promptly at the appointment time.** We don't want you to start your relaxing massage by rushing into our office at the last minute. If for some reason you were unable to fill out your massage intake form prior to your arrival, we have massage intake forms in our lobby. Make yourself at home in our lobby, your massage therapist will come out and greet you. If you have any questions while waiting in our lobby, **call 513-770-3405** and we will be happy to assist you.

Meeting your Massage Therapist

Your massage therapist will greet you in the lobby. They will then take you to your peaceful, tranquil massage therapy suite to discuss and review your massage intake form. Your massage will be customized to your needs and conditions. You may choose to have a *Swedish massage*; which is long flowing strokes to relieve tension and stress or choose to have a *Deep tissue massage*; which is a firmer pressure to reach deep layers of the muscle. You may also choose to have a combination of both depending on your needs.

Getting Started

Once you have finished discussing your massage therapy treatment. Your massage therapist will leave the room so that you may disrobe to your comfort level. Everyone's comfort level is different, so please do only what makes you comfortable. Some clients choose to completely disrobe while others choose to stay partially dressed, either option is fine. Once you have disrobed to your comfort level, lay on the massage table under the top sheet and blanket. Your massage therapist will give you a few minutes to complete this process. The massage therapist will knock on the door and only enter when you have given them the OK. If you need more time, let them know when they knock.

You will be covered at all times with the top sheet. The massage therapist will only uncover the part of the body that is being worked on at that time and your comfort level is always our top priority. Our massage therapy tables are heated to your comfort level. There will be relaxing music playing during your massage or feel free to bring your own i-pod with your favorite music for relaxation. Some clients prefer to talk during their massage while others prefer to relax without conversation; the massage therapist will follow your lead.

During your massage

During your massage, please alert the massage therapist at any time if the technique, stroke or pressure they are using is uncomfortable. Every client is different and this is your customized massage. Please inform the massage therapist of the comfort level you desire. Each massage therapist uses hypo allergenic massage lotions and creams.

Your Wellness is our top priority

Once your massage is complete, the massage therapist will leave the room so you may re-dress. The massage therapist will be waiting for you outside the door with water. Make sure you hydrate your body. Water flushes out the toxins that were released during your massage. Water also rehydrates your muscles and reduces the potential soreness of the muscles. Our massage therapy sessions always includes a 5 minute pre interview and 5 minute conclude so that you may re-dress.

Wellness Massage Club

We strongly encourage you to review the enclosed information regarding our massage programs that are available. Our **Wellness Massage Club** offers quality massages 7 days a week, and it is the most affordable massage program in town. Plus no long term commitments, our programs are all month to month. We have a variety of experienced, licensed massage therapists; who look forward to providing you with excellent care. **As an added incentive to join the Wellness Massage Club, we will waive the \$99.00 enrollment fee when you join the same day as your introductory massage.**

Give the gift of Massage

You can buy up to 3 massage gift cards at the day of your massage as a gift for the introductory rate of **\$39.99**.

The benefits massage therapy

There are so many wonderful benefits to your health and wellbeing that start with massage therapy. Stress relief is one of the top benefits. Massage Therapy improves blood circulation, relaxes muscles, improves flexibility, decreases tension headaches and so much more. Look for more information in our lobby at your visit.

Make an appointment with Dr. Richard G. Jones

If you would like a complimentary consultation with Dr. Richard G. Jones to learn about the benefits of chiropractic care, please check yes on your massage intake form and our staff will contact you to set up an appointment for a complimentary consultation or call our office at *513-770-3405*.

DID you KNOW? Some insurance companies cover massage therapy as part of an ongoing chiropractic care treatment. Call our office today to learn more. *513-770-3405*

It would truly be a privilege to be your place for massage and chiropractic! We pride ourselves on delivering caring, quality, affordable service in a beautiful, peaceful environment.

Crossing Chiropractic and Massage Wellness Center
5770 Gateway Blvd., Suite 102
Mason, OH 45040
513-770-3405
www.crossingchiro.com

WELLNESS MESSAGE CLUB

Join the Wellness Massage Club the same day as your introductory massage and we will waive the \$99.00 enrollment fee!

You may choose any of the wellness packages listed below. This is truly a great, affordable opportunity and I would encourage you to consider one of these packages that best fits your needs. These are all month to month packages and can be cancelled at any time.

The following packages are available in the Wellness Massage Club:

| | |
|-------------------------------|----------------|
| One ½ hour massage per month | \$ 29.99/month |
| One 1 hour massage per month | \$ 49.99/month |
| One 1½ hour massage per month | \$ 79.98/month |

Members may purchase additional massages at the members' monthly discounted rate.

****Receive a 10% discount for a 1 year package paid in full!****

Plus this will allow you the flexibility to schedule your year's worth of massages at any time throughout the year.

We would like to extend to you or someone you know a complementary chiropractic consultation to determine if chiropractic would be of benefit. It would be an honor and a privilege to be you chiropractor!

Thank you for sharing these opportunities with others.

Dr. Richard G. Jones

**Wellness Massage Club
Membership Agreement
(available to patients and the general public)**

1. All memberships are based on monthly auto-debit from credit card, or annual prepayment.
2. Membership may be terminated at any time by providing 30 days prior written notice. During the last month of membership one more EFT billing will occur and Member's privileges will continue for one more month.
3. All massage services are to be used within 60 days of previous month's debit date. Those not used will be forfeited.
4. All memberships are non-transferable.
5. The Wellness Massage Club reserves the right to cancel client's membership at any time without cause. There would be no financial loss to you in this rare situation.
6. All Wellness Massage Club memberships are for symptom free care and cannot be used for treatment of symptoms as the result of auto accident, work injury, or any other acute injury. Other plans are available to help with those situations.
7. All membership use is based on appointment and hours of operation of the Wellness Massage Club.
8. No cash or credit refunds for unused services.
9. Join the Wellness Massage Club the same day as your introductory massage and we will waive the \$99.00 enrollment fee.

Massage Intake Form - CONFIDENTIAL INFORMATION

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____

City/State/Zip _____

Email _____ May we email you promotions/specials Y ___ N ___

Date of birth _____ Occupation _____

How did you hear about us? Ad ___ Drive-by ___ Web-site ___ Referral ___

Who may we thank for referring you to our office? _____

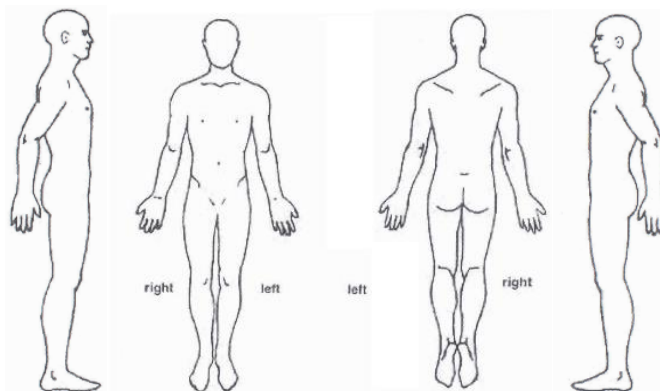
Have you ever received massage therapy? Yes ___ No ___

How often would you prefer to receive massage? _____

Type of massage experienced: light touch ___ deep tissue ___ relaxation ___

other _____

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



Please indicate areas you prefer **not** to have massaged:

face ___ feet ___ glutes ___ pecs ___ other _____

Are you wearing: contact lenses ___ hearing aid ___ hairpiece ___

What are your goals/expectations for this therapy session? _____

Many insurance companies cover massage therapy. Are you interested in learning about your benefits? (Yes ___ No ___) If so, please present your insurance information at the front desk, if available.

Would you be interested in receiving a complimentary chiropractic consultation to find out if chiropractic may benefit you? Yes ___ No ___

If yes, we will be in contact to schedule your complimentary consultation.

Would you like more information about our Wellness Massage Club? Yes ___ No ___

Please review this list and check those conditions that have affected your health either recently or in the past.

Place a check mark next to the condition.

- | | |
|---|--|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression, panic disorder, other psych condition |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> headaches |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> back problems |
| <input type="checkbox"/> cancer | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> constipation/diarrhea | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> auto-immune condition* | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> hepatitis (A, B, C, other) | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> skin conditions | <input type="checkbox"/> seizures |
| <input type="checkbox"/> stroke | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> surgery | <input type="checkbox"/> chemical dependency (alcohol, drugs) |
| <input type="checkbox"/> TMJ disorder | |
- (*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so: _____

Are you currently taking any medications? Yes _____ No _____
If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? Yes _____ No _____
If yes, please list names and reason/treatment _____

Do you have any of the following today:
skin rash _____ cold/flu _____ open cuts _____ severe pain _____
anything contagious _____ injuries/bruises _____ fever _____

Do you have any allergies to:
medications _____ foods (nuts, etc.) _____
environmental allergens (dust, pollen, fragrances) _____
reactions to skin care products _____

If any of the above are checked, please give details: _____

- Please read the following information and sign below:*
- 1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.*
 - 2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.*
 - 3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.*

Signature: _____ Date _____

