



The information requested below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided will be kept confidential unless allowed or required by law. Your written permission will be required to release any information.

Name _____ Date of Birth _____
 Phone Number _____ Occupation _____
 Address _____
 Email Address _____

Have you had massage therapy before? YES. NO.

For a specific condition? YES. NO. What was the condition? _____

Did a Health Care Practitioner refer you to Massage Therapy? YES NO Why? _____

How would you consider your overall health? Excellent. Good. Fair. Poor.

What is your primary concern today

If there was an injury or accident please provide the date, nature & location _____

Are you currently experiencing or do you have a history of the any conditions below?

| | | |
|---|---|--|
| <input type="checkbox"/> High blood Pressure | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Chronic congestive heart failure | <input type="checkbox"/> TB | <input type="checkbox"/> Hypersensitivity |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> HIV | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Phlebitis / varicose veins | <input type="checkbox"/> Herpes | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Stroke / CVA | <input type="checkbox"/> Gynaecological issues | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> History of headaches / migraines | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Vision problems | <input type="checkbox"/> Digestive conditions |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Loss of vision | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Artificial joints |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Internals wires, plates or joints |
| <input type="checkbox"/> Asthema | <input type="checkbox"/> Loss of sensation | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Numbness or tingling | <input type="checkbox"/> Other |

Is there a family History of any of the conditions above?
 YES NO

Women. Are you currently pregnant?
 YES. NO. due? _____

What medicines are you currently taking & for what condition do they treat you?

Are you currently receiving treatment from another care professional? YES. NO.
please circle any that apply:

Chiropractor Physiotherapist Massage Therapist Naturopath Osteopath

Please Take Time to Read the Following

Please note that there is a strict **24 hour cancellation policy** in effect for this office. You must give 24 hours notice for a cancellation of a massage appointment or you will be charged \$50 per hour of missed appointments. You must understand that there is a large waiting list of people that need massage & that the therapists time is very important.

Will I Need to Undress? The work we do is most effective directly on the skin. Your Modesty will always be protected and you will never be exposed. If you do not want an area worked on please feel free to voice your thoughts. In most cases leaving underpants on is fine.

Exactly what happens during the Massage Treatment? The therapist leaves the room after the intake giving you time to undress to your comfort level and get onto the table. They will knock before reentering. Once in the room only the areas discussed in the intake will be undraped. Lotion or oil is typically used to add glide to the skins surface. Varying degrees of pressure will be used according to your preference and tolerance.

What can I expect after the Massage Treatment? The therapist will leave the treatment room allowing you the time to slowly sit up and get dressed. When finished, exit the room and meet the therapist at the front desk. Water is available from the cooler. Home care may be shown in the room. Payment is made directly to the therapist at front desk and insurance recipes are given at the time of payment.

Call The Office If you ever experience an increase in pain or “the ache” lasts longer than two days. You are in no way bothering me, I would rather know right away & help fix the problem. Please keep in mind, I do this to help people have happy, active, pain free lives. I have a list of health care professionals that I am happy to work in conjunction with... **Let's Get You Fixed!**

Please Sign & Date _____ Date _____