



905.465.4595
2418 Lakeshore Road West
Oakville, ON L6L 1H7

Registered Massage Therapy

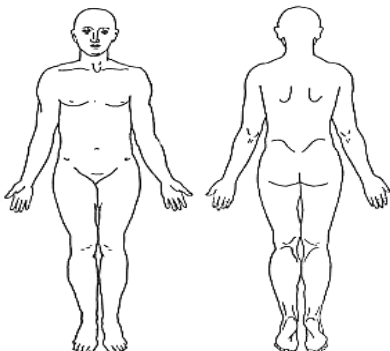
Patient Information (please print clearly)

Name: Date of Birth: mm/dd/yyyy Age:
Address: City: Postal Code:
Phone: (H) (B) (M)
Email: Occupation:
Where did you find our number?
If online, what site referred you? Google MSN Yahoo Other:

Health History

Doctor: Phone: Address:
Current Medications (conditions they treat):
Surgeries (Please list and date):
Please list the presence and location of any internal pins, wires, artificial joints of special equipment:
Chiropractor: Phone:
List other current therapies (ie: physiotherapy):
Motor Vehicle Accident? Yes No Date:
Other Accident(s)? Date(s):
Reason for massage?:
Have you ever received a professional massage? Yes No If yes, when was your last treatment?

Indicate Areas of Pain or Discomfort



Notes:

Notes section with horizontal lines for writing

please turn over...

Please Check All Applicable Boxes

Cardiovascular:

- High blood pressure
- Low blood pressure
- Chronic congestive heart failure
- Heart disease
- Myocardial infarction
- Phlebitis
- Cardio-vascular accident
- Stroke
- Pacemaker
- Varicose veins
- Blood clots
- Osteoarthritis
- Lymphedema
- Other _____

Infectious Diseases:

- Hepatitis
- Tuberculosis
- HIV
- Other _____

Musculo-skeletal:

- Fibromyalgia
- Bone or joint disease
- Tendonitis
- Bursitis
- Fractures
- Osteoarthritis
- Rheumatoid arthritis
- Sprains/strains
- Swelling
- Stiffness
- Spasms/cramps
- Pain (check area)
- __Jaw __Neck __Shoulder
- __Elbow __Wrist __Hip
- __Knee __Ankle __Back

Digestive:

- Constipation
- Gas/bloating
- Nausea/vomiting
- Irritable bowel syndrome
- Liver/gall bladder
- Kidney/bladder
- Other _____

Skin:

- Allergies (anaphylactic)
- Rashes
- Athletes foot
- Warts
- Cold sores
- Eczema/psoriasis
- Other (contagious) _____

Respiratory:

- Chronic cough
- Bronchitis
- Shortness of breath
- Asthma
- Emphysema
- Smoking
- Other _____

Reproductive:

- Pregnancy (due date: _____)
- PMS
- Menopause
- Other _____

Nervous System:

- Herpes/shingles
- Numbness/tingling
- Chronic pain
- Fatigue
- Sleep disorder/insomnia
- Loss of sensation
- Other _____

Other:

- Drug/alcohol addiction
- Nicotine/caffeine addiction
- Diabetes
- Vision/hearing loss
- Cancer
- Epilepsy
- Anxiety/depression
- Panic Attacks
- Headaches/migraines
- How often: _____
- Allergies
- __Food __Drug
- __Environmental

Client Consent Statement

In keeping with the Health Care Consent Act (1996), it is my choice to receive massage therapy. I understand that an assessment by a therapist is required to determine the best course of treatment. I am aware that all information provided is private and confidential and will not be released without my written consent. I agree to communicate with my massage therapist at any time if I have any questions, if I feel uncomfortable, or I feel that my well being is being compromised. I will consent to the massage therapist working only on those areas of my body that I am comfortable with. I am aware that I may remove only the clothing with which I am comfortable and may terminate the treatment at any time at my discretion. I understand and am aware of the posted fees and cancellation policy. I am also aware of the possible side effects from a massage treatment such as temporary muscular discomfort (24-48hrs post treatment), bruising and possible dizziness. I understand the therapist will recommend remedial exercises and home care. I am aware that the clinic is not responsible for any lost, stolen or damaged articles.

Fee Schedule (Prices include HST & are subject to change without notice)

Massage Therapy 30 minutes	\$50.00	Massage Therapy 60 minutes	\$87.00
Massage Therapy 45 minutes	\$75.00	Massage Therapy 90 minutes	\$125.00

Cancellation Policy

We require 24 hours notice if you are unable to make your scheduled appointment. After an initial warning there is a charge of \$45.00 for a second missed appointment. All subsequent missed appointments will then be billed at the regular fee.

Signature: _____ Date: _____
