

Health History Intake Form

Please print and fill out the form carefully. All information provided below will be kept confidentially unless allowed or required by law. Your written authorization will be required to release any information.

First Name: _____ Last Name: _____

Gender: M F Tel: (Home) _____ (Cell) _____ Email: _____

Date of Birth: _____ / _____ / _____ (Y/M/D) Occupation: _____

Address: _____

Emergency Contact: _____ Relationship: _____ Tel: _____

What are the main reasons/discomfort you need massage treatment today? _____

Do you have any conditions? (e.g. allergy, asthma, Epilepsy, uncontrolled high blood pressure, diabetes, etc...)
 (Please list): _____

Are you taking medications? Yes No

Do you have other conditions? (e.g. skin conditions, loss of sensation, Bruise easily, acute inflammation, thrombosis, aneurism, varicose veins, osteoporosis, spondylothesis, herniated discs, artificial joints/pins, pacemaker, etc...)
 (Please list): _____

Any surgery/implant? No Yes: Date: _____ Nature: _____

Any injury? No Yes: Date _____ Nature: _____

For female; trying to conceive? No Yes Pregnant? No Yes: How far in pregnancy? _____

Consent and Clinic Policy

- *I allow my service providers to assess/treat my general body areas except for sensitive body areas.
- *I will update my service providers of any changes in my health status whenever they occur.
- *I am responsible to communicate with my service providers during the course of treatments; and encouraged to ask questions or stop treatments at any time.
- *I agree to the service fees posted in the reception area. I am responsible for the payments of full scheduled appointments, even if I cause the delay of treatment time.
- *I agree to the "cancellation policy" posted in the reception area.
- *I am aware that this clinic is a scent-free and shoes-free environment.
- *I am aware that any sexual related inquiries are zero-tolerance in this clinic and are violation of the laws in Canada.

Signature: _____ Today's Date: _____ / _____ / _____ (YYYY/MM/DD)