Health History Form

An accurate health history is important to ensure that a treatment is safe for you. If your health status changes in the future please let your Registered Massage Therapist (RMT) know. You will be asked to provide written authorization for release of any information. Please fill out this form as detailed as possible. Thank You.

Name:		Date of Birth:				
Address:		City:	Postal:			
Phone#1:	☐ Home ☐ Cell ☐ Work	Occupation:				
Phone#2: ☐ Home		How did you hear about us:				
Email (Only Used Internally	For Notification Purposes):				
Did a health care practition	er refer you for massage th	herapy treatment ? 🗌 Yes 🗌	No			
Family doctors name and lo	ocation:					
-			Soft Tissue and			
Cardiovascular		Infections U Hepatitis U TB U HIV U Plantar Warts U Othere	Soft Tissue and Joint Dysfunction			
Other:			 Skin Conditions Bruise Easily Other: 			
Current Medications		What It Treats	i			
Current Medications						
Current Medications						
Of Special Note (Presence of Internal Pins, Wires, Special Equipment)						
Other Health Care (Chiropractor, Physiotherapist, Naturopath, etc)						
Have you received Massage Therapy before? 🗌 Yes 🗌 No						
What is the reason you are seeking Massage Therapy?						

Have you received any other treatment for this condition?	
If you are experiencing pain or discomfort: (If not leave, pl	ease leave fields regarding pain blank)
Cause of pain if known	_ How long have you had this pain

Are there any daily activities that you are unable to do because of pain____

Informed Consent

Massage Therapy involves the manipulation of the soft tissues and joints of the body. With each treatment the RMT will leave the room while the client disrobes to their level of comfort. The client will then lay on the table between the sheets until the RMT returns. Only areas of the body discussed before treatment will be addressed unless verbal consent is given during treatment. The linens are changed for each client. Please inform your RMT if any techniques or pressures become uncomfortable of painful. You have the right to stop the massage at any time during your appointment.

Please Note and Initial

Missed Appointment and Late Cancellation Fee:

Any Missed Appointment or Late Cancellation made within 24 hours will be subject to a \$35.00 Fee including HST. Initial

Missed Appointments and Insurance Coverage: I understand that if I have insurance coverage that a receipt for massage cannot be provided for any missed appointment as it is considered a fraudulent act. I will be required to pay the Missed Appointment/Late Cancellation Fee mentioned above. Initial

Payment: Payments are required same day as treatment unless other arrangements have been made between you and the RMT you see that day. Initial

Please Sign and Date:____

	Please Feel Free to Draw Where Any Pain or Discomfor is Located	rt Izalana article	
PLEASE TU	JRN OVER SHEET TO C	COMPLETE	Healthy History Update (Office Use) ! 2 3 4

Date: