



Purity Health & Wellness Inc.

Date: \_\_\_\_\_

## Massage Therapy Intake Form

Name: \_\_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_  
Street City Province Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Confirmation: E-mail / Phone / Text

DOB (D/M/Y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ How do you identify: Male / Female

Emergency Contact: \_\_\_\_\_  
NAME RELATIONSHIP PHONE

Occupation: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Referred by? Google/ Facebook/ BNI/Friend or family/ Other: \_\_\_\_\_

### **X all that Apply:**

#### **Cardiovascular**

- High Blood Pressure
- Low Blood Pressure
- Congestive heart Failure
- Heart Attack
- Phlebitis / varicose veins
- Stroke / CVA
- Pacemaker

#### **Respiratory**

- Chronic cough
- Shortness of breath
- Bronchitis
- Asthma
- Emphysema
- Chronic Obstructive Pulmonary Disease

#### **Nervous System**

- Numbness / Tingling
- Pinched Nerve
- Insomnia
- Chronic fatigue
- Cerebral Palsy
- Epilepsy / seizures
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease

#### **Musculo-skeletal System**

- Neck pain
- Back pain
- Hip pain
- Shoulder/ Arm / Hand pain
- Leg & foot pain
- Headaches / migraines
- Herniated Discs
- Joint stiffness / Swelling
- Spasms / Cramps
- Broken/Fracture bones
- When: \_\_\_\_\_ Pins and wires?
- Dislocation
- Strains / Sprains
- Jaw pain / TMJ
- Tendonitis (Tennis/golfers)
- Bursitis
- Arthritis Type: \_\_\_\_\_
- Osteoporosis
- Scoliosis
- Whiplash
- MVA when: \_\_\_\_\_
- Fibromyalgia
- Chest / Ribs/ Abdominal pain

#### **Skin Conditions**

- Allergies : \_\_\_\_\_
- Sensitivities : \_\_\_\_\_
- Rashes
- Athletes foot
- Hemophilia / Anemia
- Bruise easily
- psoriasis
- warts

#### **Reproductive System**

##### **Female:**

- Pregnant:  
Due date: \_\_\_\_\_  
C section / complications? \_\_\_\_\_
- Irregular Menstruation
- Menstrual Problems

##### **Other:**

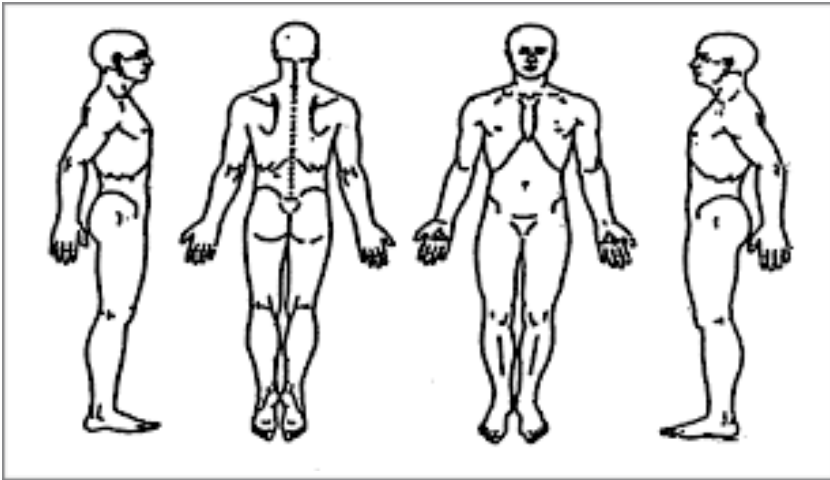
- Cancer  
Type: \_\_\_\_\_
- Depression
- Hearing problems
- Vision Problems
- Diabetes Type: \_\_\_\_\_
- HIV / Hepatitis A/B/C
- Herpes / cold sores
- Digestive conditions
- Ulcers
- Sinus problems
- Tuberculosis
- Tinnitus (Ear ringing)
- Anxiety / Stress

Have you received massage therapy treatments before:  
**Yes / No? When?**

\_\_\_\_\_

Injuries or Surgeries within the last 5 years:

Please Mark areas of discomfort:



Are you currently taking any medications or Supplements:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions not listed above? Yes / No  
If yes please describe:

\_\_\_\_\_  
\_\_\_\_\_

### **Informed Consent**

I have completed this health form to the best of my knowledge and have disclosed all medications, vitamins and minerals that I am currently taking. I agree to keep the massage therapist updated to any changes in my medical history, including mental, emotional and physical health, and further understand that the massage therapist is not liable.

I understand that the professional treatment I receive is for the purpose of improving, restoring, and/or maintaining my personal health. I Further understand that massage therapists do not diagnose illness or disease, prescribe medication or make spinal adjustments.

I understand there is potential for mild side effects with massage therapy, including but not limited to: Muscle soreness (lasting 24-48 hours), light headedness, slight inflammation, increased need for urination and nasal congestion

I understand that massage therapy is not a substitute for medical examination, diagnosis, or treatment and recommended that I am working in conjunction with my primary care giver for any condition that i may have. This information will be kept confidential unless required by law or after I have given consent to release information

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **CANCELLATION POLICY**

I \_\_\_\_\_ understand by initialling below I agree and recognize that a minimum of 24 hours notice is required to cancel appointments. Missed appointments without notice will be subject to a missed appointment fee equal to that of your scheduled appointment time. An appointment is considered missed if you arrive more then 15 minutes late. In addition, please understand that most insurance companies will not reimburse for missed appointments

**Initial here** \_\_\_\_\_