Hands On Massage Therapy

CONFIDENTIAL MEDICAL CASE HISTORY FORM

Name: _____

Phone #: (home) _____(work or cell) _____

Birth Date: (m) ____d)_____(y)_____

Address:_____**Postal Code:**_____

May the clinic contact you by email? Yes No **Email Address:** _____

Occupation:_____

How did you hear about our clinic? _____

Major Complaint:_____

What makes condition worse? _____**better?** _____

Have you had this condition in the past? Yes No. **If yes, was it resolved?** Yes No

Medications and supplements you are presently taking: _____

Surgeries, major injuries or accidents you have had: _____

Stress level: None Slight Moderate Severe **Physical activity:** None Low Moderate High.

Are you also seeing: Chiropractor Physiotherapist Naturopath Other _____

Please check any of the following conditions that apply to you:

- ü Heart Condition
- ü Stroke (CVA)
- ü High/Low Blood Pressure
- ü Respiratory Conditions
- ü Cancer
- ü Tumours/Cysts
- ü Diabetes
- ü Varicose Veins
- ü Osteo/Rheumatoid Arthritis
- ü Fibromyalgia
- ü Spinal Injury
- ü Loss of Sensation/Tingling
- ü Seizures
- ü Dizziness
- ü Digestive Disorder
- ü Pregnancy
- ü Fractures/Dislocations
- ü Skin Condition
- ü Contagious Condition
- ü Headaches (recurrent)
- ü Other_____

_____

Cancellation Policy:
We require 24 hours of notice for all cancellations for booked appointments, no exceptions. This is to ensure those waiting for an appointment can be accommodated in a timely manner. Furthermore, the therapist's time has been reserved for you specifically and once passed cannot be recouped. If cancellation of any appointment is received prior to 24 hours notice, then you may reschedule at no charge. If any session is missed with less than 24 hours notice, the session will be forfeited, and full payment will be required. We are sympathetic to unforeseen circumstances that are deemed out of your control; therefore they will be addressed and negotiated on an individual basis.

Please initial that you have read this: _____

I understand that the Massage Therapist does not diagnose disease, or any physical or mental disorders. As such, the Massage Therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. It has been made clear to me that massage is not a substitute for medical examination or diagnosis, and that it is recommended I see a physician for any physical ailment I may have.

Signature: _____Date: _____