

renew

MASSAGE THERAPY
& ACUPUNCTURE

Health History Form FOR MASSAGE THERAPY

Name: _____ Date of Birth: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____ Occupation: _____

Address: _____

How did you hear about us? _____

| | | |
|--------------------|-------------------------|---|
| Skin Sensitivities | Depression/Anxiety | High blood pressure Low blood pressure |
| Allergies | Diabetes | Cardiovascular conditions |
| Hepatitis | Diarrhea/constipation | Sleep problems |
| Arthritis Type: | Asthma | Headaches and frequency |
| Pins/Plates | Neurological conditions | Jaw pain |
| Bruise easily | Fainting/dizziness | Cancer Type: |
| Fractures | Contagious disease | For Women: |
| Primary concern: | | Pregnant Due Date: Menstrual Difficulties |

Any other information:

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Are you currently seeing a health care professional for any reason? Yes / No If yes, list reasons:

Are you presently on any medications? Please name them and what they are for.

Serious injuries, accidents or surgery? Please list with dates.

Have you received massage before? Yes No If yes, when?

Did you have any adverse reactions to massage? Yes No

What are your goals/expectations of massage therapy treatment?

BC residents:

Do you presently have a claim with ICBC? Yes No

Do you presently have a claim with WCB? Yes No

Cancellation policy: 24 hours notice required! Full payment required for late cancellations or missed appointments, fee payable before next treatment.

Fee Policy: I understand and agree that the cost of treatment is my responsibility, should private insurers, MSP, ICBC, DVA, WCB or other providers fail to reimburse the clinic for services provided. All outstanding accounts over 60 days are overdue and will be charged interest at the rate of 24% per annum..

Privacy Statement: With my signature below I authorize the collection, use, and disclosure of personal information, as defined in the Personal Information and Privacy Act (PIPA) and as is required for treatment or and related administrative purpose. I understand that all my personal information is confidential and must be treated in accordance with the PIPA.

Signature: _____ Date: _____