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Health History Intake Form

Please assist me in treating you safely and effectively by filling out the form below as accurately as possible. All information provided below will be kept confidentially unless allowed or required by law. Your written permission will be required to release any information.

Name: _____ Phone #: _____
Address: _____ Apt: _____ City: _____ P/C: _____
Occupation: _____ Date of Birth: _____
Email: _____

Would you like to receive updates (infrequently)? ☐ Yes ☐ No

Physician Name: _____ Date of Last Physical: _____

Physician Address: _____ Physician Phone: _____

Emergency Contact: _____ Phone Number: _____

How did you find me? Internet search ☐; Flyer ☐; Sign ☐; Referral ☐ Who: _____

Other ☐ please specify _____

Have you received massage therapy before? ☐ Yes ☐ No

Did a health care practitioner refer you for massage therapy? ☐ Yes ☐ No

If yes, please provide their name: _____

Main reason for coming (areas of pain/tension/discomfort): _____

Other health care received in the past year: (Please circle all that apply) Chiropractic Physiotherapy

Osteopathy Acupuncture Naturopath Massage Reflexology Shiatsu Other: _____

Medications or vitamins/ treating what condition: _____

List what you do for regular exercise: _____

Recent Hospitalizations (Date/Why): _____

Surgeries (Date/ Current Symptoms): _____

Car Accidents or Injuries (Date/ Current Symptoms): _____

Please indicate conditions you are currently experiencing or have experienced in the past:

Cardiovascular

- ☐ high blood pressure
- ☐ low blood pressure
- ☐ chronic congestive heart failure
- ☐ heart attack
- ☐ phlebitis / varicose veins
- ☐ stroke / CVA
- ☐ pacemaker or similar device
- ☐ heart disease

Respiratory

- ☐ chronic cough
- ☐ shortness of breath
- ☐ bronchitis

- ☐ asthma
- ☐ emphysema

Other

- ☐ arthritis
- ☐ loss of sensation
- ☐ diabetes
- ☐ allergies
- ☐ epilepsy
- ☐ cancer

Infections

- ☐ hepatitis
- ☐ skin conditions
- ☐ TB
- ☐ HIV
- ☐ herpes
- ☐ warts

- ☐ headaches / migraines
- ☐ pregnant, due: _____

Additional Information : _____

Do you have any internal pins, wires or artificial joints, a pacemaker or special equipment? _____

I certify that the information given in this form is correct and accurately reflects my past and current health status. I will notify the therapist of any changes that occur as soon as possible. I understand that the information requested will assist my therapist in treating me safely and that I can ask questions regarding this information. I am aware that before each massage I will give consent for treatment; I am also aware that my consent may be revoked at any time I choose. This information will be kept confidential unless required by law or after I have given written consent to release information. I agree to provide 24 hours notice to change or cancel my appointment or I will be charged the full appointment fee.

☐ I give permission for the clinic to contact me via mail or email (e.g. Newsletters, cards, etc.)

☐ I give permission to confirm treatment dates/durations for insurance inquiries - not treatment details

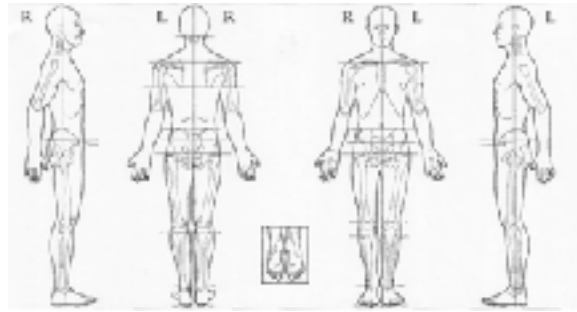
Date: _____ **Signature:** _____

For office use only:

Update 1: _____ Initials: _____
Update 2: _____ Initials: _____

Date: _____ **Time:** _____ **Duration:** _____ **min./hr. Fee \$** _____

Informed consent received: treatment ☐ assessment ☐ **Invoice #** _____ **Therapist:** _____

<p>stroking rocking vibration effleurage petrissage light mod. deep forearm/elbow: _____ tapotement myofascial release trigger point stretch/PROM joint mobilization/scap mob intra-oral manual lymph drainage breast massage IC _____ hydrotherapy: _____ Location: _____ other (list): _____</p>	<p>back: Upper Mid Low Pr/Su neck Pr/Su shoulders L R face/scalp Pr/Su arm L R hands Pr/Su forearm L R Pr/Su thigh L R feet Pr/Su calf L R gluteus abdomen/hip flexor chest/breast Position: SL ElevSup PALP:</p>	<p>Include clinical findings; client reactions/feedback to treatment; recommended self-care; used and/or recommended remedial exercises, used and/or hydrotherapy; advice given) CC: SC: H2O Hydro: Stretch:</p> 
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