MASSAGE PATIENT HISTORY

(This Page is Double-Sided)

Date: ________________________________

Surname: ____

First Name: ____ Middle Initial: ______

Date of Birth (M/D/Y) ______________ Age: ________ Sex: M F

Address: ____

City: _________________ Province: ___________ Postal Code: ____________________

Phone Numbers:	Area Code	Number	Extension
Home	_______	____________________	_______
Phone (bus):	_______	____________________	_______
Phone (cell):	_______	____________________	
Email:	________________________________		

Automated Reminders:

Email: ❑ Email 1 day before. ❑ Email 2 days before.

Related to another patient at Shephard Health? (ie. brother, mother, etc.) ____________________

Referral: ______________________________

Business Employer: ___________________________________Type of Work: ______________

Do you have Extended Health Coverage? ❑ Yes ❑ No

Insurance Company: ____

Main Injury/Complaint ____

Started When? ____

Aggravating Factors ____

Alleviating Factors ____

Does it Radiate? ______ Where? ____

Past Injuries____

Resulting Impairment ____

Please indicate quantity and frequency for <u>each</u> of the following:

Exercise ___________________ Coffee ___________________ Tobacco __________________

Vitamins __________________ Alcohol __________________ Painkillers ________________

Medications and Medicinal Foods ____

Please see over →

Massage Patient History Continued…

Check if any are applicable to you:

❏ Allergies	❏ Digestive Disorders	❏ HIV / AIDS	❏ Paralysis
❏ Arthritis	❏ Dizziness	❏ Hernia	❏ Pregnancy
❏ Blood Pressure	❏ Epilepsy	❏ Hypoglycemia	❏ Pins, Plates
❏ Bronchitis	❏ Fibromyalgia	❏ Indigestion	❏ Spinal Injury
❏ Cancer	❏ Fatigue	❏ Insomnia	❏ Surgery
❏ Chiropractic Care	❏ Grinding of Teeth	❏ Low Back Pain	❏Stroke
❏ Constipation	❏ Hardening Arteries	❏ Medical Care	❏ Vomiting
❏ Contact Lenses	❏ Headaches	❏ Nervousness	❏ Other: _____________
❏ Diabetes	❏ Heart Disease	❏ Painful Menstruation	______

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Massage Therapy Policies

Costs

½ Hour Massage	**$40.00**
45 Minutes	**$55.00**
1 Hour Massage	**$70.00**
1 ½ Hour Massage	**$100.00**

Cancellation Fees

***WE REQUIRE 24 HOURS NOTICE OF CANCELLATION.**

Patient Charged 50% **-** If appointment is cancelled within 24 hours.

Patient Charged 100% **-** If ***confirmed** massage is cancelled within 24 hours of scheduled appointment. (*appointment has been verbally confirmed by the patient.)

Signature ________________________________ **Date** ______________________________