Courtyard Chiropractic Health Centre

2863 Ellesmere Road, Suite 318
Toronto ON M1E 5E9
In the Dr.'s Offices of the Court Centenary Site of Scarborough and Rouge Hospital, SW corner of Ellesmere and Neilson Road

Massage Client Intake

416-724-7888 courtyardchiro.com

The information contained on this form will be kept confidential and will be used for no other purpose than for your therapist's clinical record. Should any of the information change, please provide us with details in order to provide you with optimum health care. Thank you.

Patient Information

Name	Gender ☐ M ☐ F ☐ NB	Birth Date MM DD YYYY

Patient's Address

Street Address	Unit/Apt #	City	Province	Postal Code

Home Number	Cell Number	Business Number

Email Address

Occupation	Hobbies

Emergency Contact	Emergency Contact Number

How did you hear about us?	Have you had Massage Therapy before? ☐ No ☐ Yes

Medical Doctor ☐ No ☐ Yes

Name of Doctor	Phone Number

Medical Doctor's Address

Street	City	Province	Postal Code

How would you rate your current health?	How would you rate your activity level? ☐ Sedentary ☐ Light ☐ Medium ☐ Athletic

What are your goals/reasons for seeking massage therapy?

Please list **medications/supplements** and the conditions they treat.

Do you have any known **allergies**? ☐ No ☐ Yes (please list)

Are you in pain or discomfort?

☐ Yes (describe location, intensity, quality, etc.) ☐ No (indicate any other symptoms - stiffness, numbness, etc.)

Are you under care of any other types of health care professionals?

Please list any surgeries, injuries or hospitalizations.

Do you use any assistive devices (cane, walker, hearing aid, etc.)?

Indicate any applicable conditions/symptoms. Check C for Current and P for Previous

Head and Neck:

C P
- ☐ ☐ Brain Injury/Concussion
- ☐ ☐ Glasses/Contact Lenses
- ☐ ☐ Headaches
- ☐ ☐ Hearing Loss
- ☐ ☐ Jaw/Dental Problems
- ☐ ☐ Migraines
- ☐ ☐ Poor Vision
- ☐ ☐ Whiplash
- ☐ ☐ Other ___________________________

Digestive/Urinary Disorders:

C P
- ☐ ☐ Constipation
- ☐ ☐ Diabetes Type I or Type II
- ☐ ☐ Diarrhea
- ☐ ☐ Difficult Digestion
- ☐ ☐ Gall Bladder/Liver
- ☐ ☐ Hiatus Hernia
- ☐ ☐ Irritable Bowel Syndrome
- ☐ ☐ Kidney/Urinary Bladder
- ☐ ☐ Ulcers
- ☐ ☐ Other ___________________________

Joint & Muscle:

C P
- ☐ ☐ Neck
- ☐ ☐ Upper Back
- ☐ ☐ Mid Back
- ☐ ☐ Lower Back
- ☐ ☐ Shoulder
- ☐ ☐ Hip
- ☐ ☐ Knee
- ☐ ☐ Arm/Hand
- ☐ ☐ Feet
- ☐ ☐ Other ___________________________

Cardiovascular:

C P
- ☐ ☐ Heart Attack
- ☐ ☐ Heart Disease
- ☐ ☐ High Blood Pressure
- ☐ ☐ Low Blood Pressure
- ☐ ☐ Pacemaker
- ☐ ☐ Poor Circulation
- ☐ ☐ Stroke
- ☐ ☐ Varicose Veins
- ☐ ☐ Other ___________________________

Skin Conditions:

C P
- ☐ ☐ Bruise Easily
- ☐ ☐ Eczema
- ☐ ☐ Frostbite
- ☐ ☐ Plantar Warts
- ☐ ☐ Psoriasis
- ☐ ☐ Rashes/Acne
- ☐ ☐ Sensitivity/Numbness
- ☐ ☐ Other ___________________________

Female:

C P
- ☐ ☐ Painful Periods
- ☐ ☐ Pregnancy
  Due date: ______________________
- ☐ ☐ Menopause
- ☐ ☐ Yeast Infections
- ☐ ☐ Other ___________________________

Respiratory:

C P
- ☐ ☐ Allergies/Sinusitis
- ☐ ☐ Asthma
- ☐ ☐ Bronchitis
- ☐ ☐ Chronic Cough
- ☐ ☐ Emphysema
- ☐ ☐ Shortness of Breath
- ☐ ☐ Sleep Apnea
- ☐ ☐ Smoker
- ☐ ☐ Other ___________________________

Infectious Conditions:

C P
- ☐ ☐ AIDS/HIV
- ☐ ☐ Hepatitis
- ☐ ☐ Infectious Skin Conditions
- ☐ ☐ Tuberculosis
- ☐ ☐ Other ___________________________

Diseases/Conditions:

C P
- ☐ ☐ Arthritis
- ☐ ☐ Cancer
- ☐ ☐ Carpal Tunnel
- ☐ ☐ Family History of Arthritis
- ☐ ☐ Fibromyalgia
- ☐ ☐ Multiple Sclerosis
- ☐ ☐ Osteoporosis
- ☐ ☐ Scoliosis

I confirm and acknowledge that this information is correct and accurate to my knowledge and I give my consent for treatment by a Registered Massage Therapist.

Would you like to receive communications by email?

- ☐ I accept **appointment e-reminders**, e-statements and other e-communication, and understand I can unsubscribe any time.
- ☐ I do not want to communicate by email or receive e-reminders, e-statements, e-communication.

Signature	Date		
	MM	DD	YYYY

For more information, please refer to our Privacy Policy or Contact us for more details.

For office use only (updates) ____