

MASSAGE THERAPY

Calgary Centre For Health

Name: _____ Date: _____

Address: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____

Business Phone #: _____ Email: _____

Occupation: _____ Employer: _____

Marital Status: _____ DOB: _____

Medical Doctor: _____ Chiropractor: _____

Who referred you to the Calgary Center for Health? _____

What is your reason for having Massage Therapy?

Have you seen other health care practitioners for this condition? (Indicate by circling) Chiropractor, Medical doctor, Acupuncturist, Physiotherapist, Naturopath, Other: _____

Have you ever received a Therapeutic Massage? Y/N

If yes, when was your last Massage Therapy Session? _____

What results would you like to see from your Massage Therapy Session? _____

Is your visit related to a motor vehicle accident? Y/N

If yes, when did the accident occur? _____

Have you had previous falls or accidents? Y/N

If yes, when? _____

Are you currently taking any medications, including anti-inflammatories or muscle-relaxants? Y/N

If yes, please list: _____

Do you regularly take part in any sports, exercises or recreational activities? Y/N

If yes, please list: _____

Do you have any muscle, bone or joint diseases or conditions? Y/N

If yes, please list: _____

Do you have any heart, blood pressure, or other circulatory conditions? Y/N

If yes, please list: _____

Do you have any skin diseases or conditions? Y/N

If yes, please list: _____

Do you have any allergies? Y/N

If yes, please list: _____

Do you have any screws, pins or other appliances in your body? Y/N

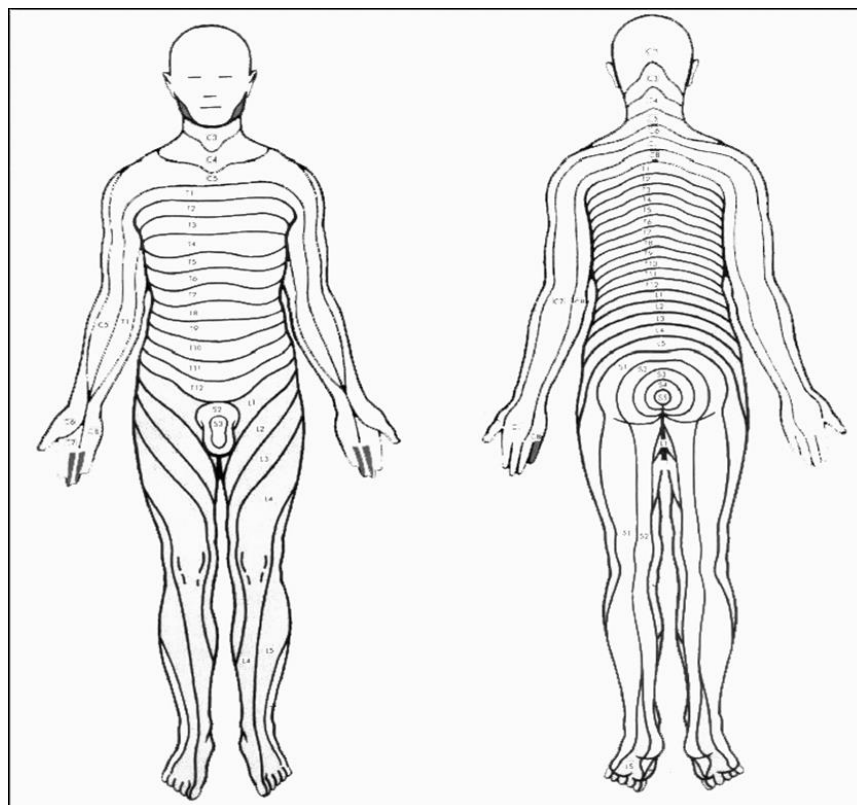
If yes, please list: _____

Do you have any of the following diseases or conditions? (Please circle):

Cancer Diabetes Chronic Pain Chronic Headaches Fibromyalgia

(For women) Are you pregnant? Y/N

If yes, at what stage? _____



****Please indicate areas of pain or discomfort on the diagram above.****

Changes to your appointment must be made at least *24 hours in advance*. This allows an opportunity for another client to fill that reserved time. Otherwise, a missed appointment fee may apply.

Massage fees:

30 minutes - \$50.00
60 minutes - \$100.00
90 minutes - \$150.00

I agree to abide by this policy while under care at the Calgary Centre for Health. It is my choice to receive Massage Therapy. I realize the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or increasing circulation and energy flow. I understand that Massage Therapy is an aid to health, but does not take the place of any care my Chiropractor or Medical Doctor may recommend. I have given correct information regarding my health and am not aware of any reason for not having Massage Therapy.

Signature: _____ Date: _____