Massage Therapy Client Information and Consent Form

Name:_____

Phone number:_____

Birthdate:_____

Email address:_____

Address:

_____

_____

Occupation:_____

Medical Doctor:_____Phone:_____

How did you hear about us?

_____

What do you want to achieve from your treatment today?

_____

Would you like to be emailed our newsletters and upcoming promotions? Yes No

Emergency Contact Information

Name:_____

Relationship:_____

Address: _____

City:_____Province:_____

Phone:_____

Client Consent

I understand this consent form and have answered each truthfully. I understand that a record will be kept on my personal information and the healthcare services provided. This record will be kept confidential and will not be released to others unless so directed by myself or unless the law requires it.

I also understand that I am required to notify my massage therapist of any changes in my health OR if I am uncomfortable with any part of my massage therapy treatments. I understand that results are not guaranteed. I understand that the massage therapist is not responsible for any complications that may arise from massage exercises.

I intend this consent form to cover the entire course of treatment with Haven Health and Wellness Center and its associated massage therapists. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. The massage treatments I receive at Haven Health and Wellness Center are voluntary, and I release Haven Health and Wellness Center from full liability and assume full responsibility thereof.

Signature: _____

Signature of Guardian: _____

Date: _____

Health History Form

The information request below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that 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: _____
Occupation: _____ Date of Birth: _____
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 and address. _____
_____

Please indicate conditions you are experiencing or have experienced:

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

is there a family history of any of the above? ☐ Yes ☐ No

Respiratory
- ☐ chronic cough
- ☐ shortness of breath
- ☐ bronchitis
- ☐ asthma
- ☐ emphysema

is there a family history of any of the above? ☐ Yes ☐ No

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

Other Conditions
- ☐ loss of sensation, where? _____
- ☐ diabetes, onset: _____
- ☐ allergies/hypersensitivity to what? _____ type of reaction: _____
- ☐ epilepsy
- ☐ cancer, where? _____
- ☐ skin conditions, what? _____
- ☐ arthritis

is there a family history of arthritis? ☐ Yes ☐ No

Head/Neck
- ☐ history of headaches
- ☐ history of migraines
- ☐ vision problems
- ☐ vision loss
- ☐ ear problems
- ☐ hearing loss

Women
- ☐ pregnant, due: _____
- ☐ gynaecological conditions, what? _____

Overall, how is your general health? _____

Primary Care Physician: _____
Address: _____
_____

Current Medications: _____
condition it treats: _____
_____

Are you currently receiving treatment from another health care professional? ☐ Yes ☐ No
If yes, for what? _____
_____

Surgery – date _____
nature: _____

Injury – date _____
nature: _____

Do you have any other medical conditions? (e.g. digestive conditions, haemophilia, osteoporosis, mental illness) ☐ Yes ☐ No
what? _____

Do you have any internal pins, wires, artificial joints or special equipment ? ☐ Yes ☐ No
what? _____
where? _____

What is the reason you are seeking massage therapy? Please include the location of any tissue or joint discomfort.
_____
_____
_____

Notes:

Date of initial Health History: _____
Update 1 _____
Update 2 _____
Update 3 _____
Update 4 _____