CONFIDENTIAL PATIENT INFORMATION

Name: ____ Date: _________________________________

Street:____ City: _________________________ Province: _______________

Postal Code: ____________________ Occupation: ____

Telephone: (Day)____________________________________ (Evening)____

Email Address: ____

Age: ___________ Date of Birth: DD______ MM ______ YY ______

Doctor: ____ Telephone: ______________________________________

Are you currently seeing a Health Professional? ☐Yes ☐No

If yes, please explain: ____

Referred by: _____________________________________

Is this your first massage? ☐Yes ☐No

Major Complaint: ____

HEALTH HISTORY: (Please check any conditions that apply to you)

RESPIRATORY:	GENERAL:	CARDIOVASCULAR:	MUSCLES & JOINTS:
☐ chronic cough	☐ headaches	☐ high blood pressure	☐ stiffness
☐ shortness of breath	type:	☐ low blood pressure	☐ swelling
☐ smoker	☐ vision problems	☐ poor circulation	☐ limited movement
☐ asthma	☐ ear aches	☐ heart disease	☐ back pain
☐ chronic bronchitis	☐ epilepsy	☐ shortness of breath	☐ shoulder pain
☐ other	☐ sinus problems	☐ phlebitis	☐ neck pain
	☐ allergies	☐other	☐ pain in limbs
SKIN:	☐ frequent colds		☐ rheumatoid arthritis
☐ sensitive skin	☐ chronic fatigue	DIGESTIVE/UROGENITAL:	Date diagnosed:
☐ rashes/eruptions	☐ dizziness	☐ poor appetite	☐ osteoarthritis
☐ cold sores	☐ other	☐ constipation	Date diagnosed:
☐ allergies		☐ liver/gall bladder	☐ whiplash
☐ warts	WOMEN:	☐ kidney bladder	☐ other
☐ bruise easily	☐ PMS	☐ diabetes	
☐ varicose veins doctor diagnosed?	☐ menopause	☐ hernia	OTHER:
☐ other	☐ pregnant	☐ ulcer	☐ cancer/tumours
	stage:	☐ other	☐ depression
	☐ other		☐ HIV+/AIDS

SURGERY/INJURY:

Type: ____

Date: ____

Current Symptoms: ______________________________

Pins, Wires, or Plates: ___________________________

Current Medications/Condition treated:

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I understand that the information that I gave on this form will be confidential and will be used for no other purpose than the therapist's clinical records.

Date: ______________________________ Signature: ______________________________________

This time is RESERVED for you. If you are unable to keep this appointment PLEASE NOTIFY US 24 HOURS IN ADVANCE, in which case no charge will be applied.