

Client Name: _____ Date of Birth (M/D/Y): _____

Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Home Phone # _____ Mobile Phone # _____

Email Address: _____ Referred by: _____

Today's Date: _____ Client Name/Signature: _____

24 hours notice is required to cancel an appointment, otherwise you may be charged the full fee for your missed appointment.

Have you been treated by a physician in the last five years for any of the following:

| | | | |
|---------------------------|-----------------------------|------------------------------------|----------------------|
| Headache_____ | Heart Condition_____ | Fainting or dizzy spells_____ | Whiplash_____ |
| Hypertension_____ | Circulatory Conditions_____ | Cancer_____ | Arthritis_____ |
| Respiratory problems_____ | HIV_____ | Osteoporosis_____ | Skin irritation_____ |
| Allergies_____ | Fibromyalgia_____ | Stomach or digestive disorder_____ | |

Have you been treated by any of the following practitioners in the past year:

| | | |
|-------------------|----------------------|------------------------|
| Physician_____ | Physiotherapist_____ | Massage Therapist_____ |
| Chiropractor_____ | Osteopath_____ | Naturopath_____ |

Reason for treatment: _____

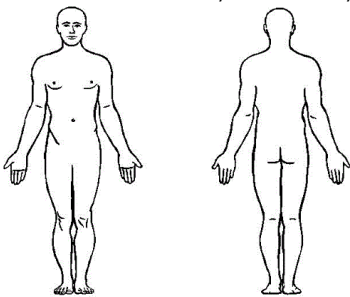
Do you have a history of any of the following:

| | | |
|----------------|----------------------|----------------------|
| Headaches_____ | Upper back pain_____ | Lower back pain_____ |
| Arm pain_____ | Shoulder pain_____ | Leg pain_____ |
| Hip pain_____ | Abdomen pain_____ | Chest pain_____ |

Are there any areas of your body that become tight or painful when you experience stress?

Please list any recent injuries or accidents: _____

Please indicate any areas on your body that are currently painful by placing an X on the diagram below



Did the pain you are experiencing gradually increase over time or did you experience it suddenly? _____

Does the pain increase or decrease with movement? _____ Have you experienced pain in this area before? _____

During which activities do you experience pain in the above indicated area: _____

What results do you expect from your massage therapy sessions? _____
