

Ability Massage Therapy & Acupuncture Studio Confidential Health History Form



A complete health history form is essential to your massage therapist. This will ensure that it is safe for you to receive a massage therapy treatment. If your health status or personal information changes please let us know. All information gathered for this treatment is confidential, unless otherwise deemed by law, to facilitate a diagnosis or treatment plan. If this should occur then your permission (written) will be requested prior to release of information. Health history forms must be updated yearly.

Name: _____
 Date: _____

Address: _____
 Postal Code: _____ Date of Birth: _____ Occupation: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____ Extra Curricular Activities: _____

What brings you in today? _____
 When did it start? _____ Have you seen a doctor for this? _____
 What makes it better? _____ Worse? _____
 When was your last massage therapy treatment? _____

Have you had or are you currently having any of the following conditions? Please mark with a ___
 Please indicate your family history of the following conditions with an X

Respiratory

- ___ chronic cough
- ___ shortness of breath
- ___ bronchitis
- ___ asthma
- ___ emphysema
- ___ tuberculosis

Other

- ___ loss of sensation/numbness
- ___ diabetes
- ___ allergies
- ___ epilepsy
- ___ cancer
- ___ osteoporosis
- ___ digestive conditions

Soft Tissue/Joint Problems

- ___ neck
- ___ TMJ/jaw
- ___ low back
- ___ mid back
- ___ upper back
- ___ shoulders
- ___ arms/hands
- ___ hips
- ___ legs/knees/feet
- ___ arthritis
- ___ pins / wires /artificial joints
- ___ other _____

Cardiovascular

- ___ high/low blood pressure
- ___ heart attack
- ___ phlebitis
- ___ stroke
- ___ pacemaker
- ___ heart disease
- ___ congestive heart failure
- ___ blood conditions
- ___ bruise easily

Head/Neck

- ___ vision problems
- ___ ear/hearing problems
- ___ headaches
- ___ migraines
- ___ whiplash/conditions

Skin Conditions

- ___ eczema _____
- ___ psoriasis _____
- ___ warts _____
- ___ melanoma _____
- ___ allergies _____

___ Pregnant? _____

List current medications: _____
 Herbal Supplements: _____

List all surgeries and dates: _____
 Medical Doctor Name: _____ Phone # _____
 Address: _____ Postal Code: _____

Are you currently seeing: Chiropractor _____ Physiotherapist _____ Naturopath _____ Acupuncturist _____
 Nutritionist _____ Personal Trainer _____ Yoga _____ Pilates _____
 How did you find us? Road Signage: _____ Website: _____ Postcard: _____ Newspaper: _____ Social Media: _____
 Sporting Event: _____ Community Event: _____ Referral: _____ Walk In _____ Other: _____

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Cancellation Policy

Your therapist has set aside an appointment time just for you. Please respect their time.

Missed Appointments \$40

Cancelled Appointments with less than 12 business hours notice \$20

Late arrivals will be billed for the full appointment time. (If we have time to offer you your full treatment length we will gladly do so.)

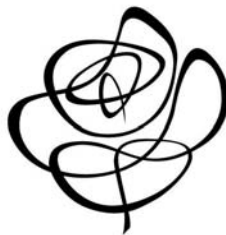
You can always **send a friend** in your place!

We understand that life happens and sometimes you just can't keep your appointment. Hopefully we can fill the appointment time with another client and you will not be billed.

We allow everyone 1 freebie.

Thanks for your understanding.

Rose Murdoch - Owner



I _____ accept these terms.
(print name)

Date: _____ Signature: _____