Moore Massage Centre

5912 Hazeldean Rd. Stittsville On K2S 1B9
www.mooremassage.ca 613-831-8374 info@mooremassage.ca

Health History Form

The information on this form will be kept confidential except as required by law. Your written permission will be required to release any information**. It is important to be accurate** so that we can ensure it is safe for you to receive massage. If your health status or contact information changes in the future, please let us know.

Name: _____ BirthDate: _____

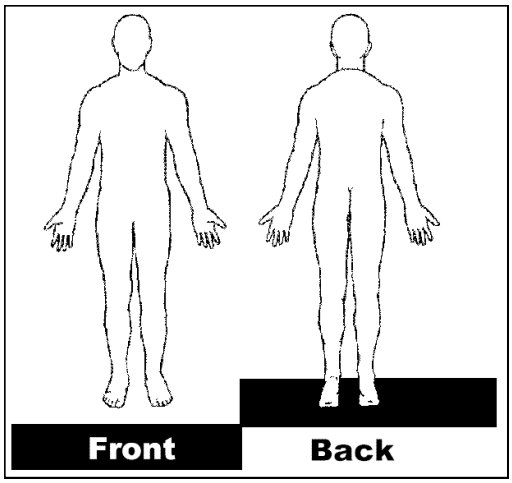
Address, City, _____ Postal Code _____

Phone (Home) _____ (Cell/Pager) _____ (Work) _____

Family Doctor _____ (Phone) _____

Doctor's address _____

Occupation _____ Referred by _____



Please indicate on the diagram any problem areas you are experiencing.
Describe your existing problem/condition:

When and how did it start:

Please (√) any conditions which are **presently** causing you a problem.
Please (X) any conditions which have been a problem to you in the **past.**
Please (F) those conditions which a **family history** is present.

SYSTEMIC CONDITIONS
Arthritis ( )
Cancer ( )
Diabetes ( )
Fibromyalgia ( )
Epilepsy ( )
Multiple Sclerosis ( )
Other _____ ( )

NERVOUS SYSTEM
Numbness ( )
Sensory Changes ( )
Other _____ ( )

MUSCULOSKELETAL
Hernia ( )
Osteoporosis ( )
Other _____ ( )

DIGESTIVE SYSTEM
Constipation ( )
Nausea/Vomiting ( )
Bowel Conditions ( )
Other _____ ( )

CARDIOVASCULAR SYSTEM
Aneurism ( )
Chronic Congestive heart failure ( )
Heart attack ( )
High Blood Pressure ( )
Low Blood Pressure ( )
Last time BP taken/reading
_____
Poor Circulation ( )
Stroke ( )
Varicose Veins ( )
Other _____ ( )

INTEGUMENTARY SYSTEM
Easily bruised ( )
Infectious skin conditions ( )
Other _____ ( )

RESPIRATORY SYSTEM
Asthma ( )
Emphysema ( )
Bronchitis ( )
Shortness of Breath ( )
Other _____ ( )

GENERAL CONDITIONS
Earaches/Hearing loss ( )
Headaches/Migraines ( )
Sinus Problems ( )
Contagious Disease ( )
Pregnancy - Past/Present ( )
Other _____ ( )

Indicate the therapies you have received, past or present			**Please circle the answer closest to how you are presently**			
CHIROPRACTIC	Present	Past	ENERGY	Low	Average	High
PHYSIOTHERAPY	Present	Past	QUALITY OF SLEEP	Low	Average	High
MASSAGE THERAPY	Present	Past	EXERCISE HABITS	Low	Average	High
OTHER _____			STRESS LEVEL	Low	Average	High

Please list any medications you are presently taking and for which conditions, including supplements, Tylenol, Ibuprofen etc.

_____

Please list any surgeries you have had including the date: _____

_____

Do you have any pins, plates, prosthetics, artificial joints or special equipment _____

Please list any allergies you may have _____

What is your general health status? : Poor ◊ Fair ◊ Good ◊ Excellent

Office Policies

All clients have the right to informed consent. The therapist must explain the treatment to be given and an explanation for it, afterwhich the client must give voluntary consent before the treatment begins. At any time, the client can ask for the treatment to be modified or terminated.

Office fees:

90 MINUTES - $160.00
60 MINUTES - $110.00 (all fees include HST)
45 MINUTES - $94.00
30 MINUTES - $75.00

CANCELLATION Policy Your appointment time is reserved especially for you! If you are not able to make your appointment, please give a minimum of 24 hours notice, otherwise you will be charged for the full treatment.

MISSED APPOINTMENT POLICY Any missed appointments will be charged the full amount for the services that were booked
We can give you email appointment reminders. Your email is _____

LATE ARRIVAL POLICY If you arrive late for your appointment, please be advised that your treatment will end as scheduled, so the next client is not kept waiting. Full charge for the whole treatment will apply.

I _____, have read, understood and agree to the above stated policies of Moore Massage Centre

Signed_____

dated _____

Case History Date
Update 1:
Update 2:
Update 3:
Update 4: