

Personal Health Information



Please print clearly.

PERSONAL DETAILS

Name:
Date of Birth:
Address:
City/Province/Postal Code:
Home Phone:
Mobile Phone:
Email Address:
Occupation (Desk Job/Physical Labour/Driving/Other):

MESSAGE HISTORY

Have you ever received a professional massage?
If yes, frequency:
Please list any physical activities you engage in:

It is my choice to receive massage therapy. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscle tension, spasm or pain, or for increasing blood and lymphatic circulation. I agree to communicate with my therapist any time I feel my well-being is being compromised.

I understand that massage therapists do not diagnose any physical or mental illness, disease, or disorders. I further acknowledge that massage therapy is not a substitute for medical examination or diagnosis, and that it is recommended that I see a physician for that service.

I have stated all medical conditions to the best of my knowledge and will make the massage therapist aware of any changes in my health.

Signed _____

Date _____

CURRENT HEALTH INFORMATION

List current medications, including over-the-counter drugs:
Surgeries (include year & treatment):
List any accidents currently affecting your health:

CONDITIONS

<input type="checkbox"/> Bone/Joint Disease	<input type="checkbox"/> Constipation
<input type="checkbox"/> Tendonitis	<input type="checkbox"/> Diverticulitis
<input type="checkbox"/> Bursitis	<input type="checkbox"/> Irritable Bowel Syndrome
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Crohns Disease
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Sprains/Strains	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Low Back/Hip/Leg pain	<input type="checkbox"/> Parkinsons
<input type="checkbox"/> Neck/Shoulder/Arm pain	<input type="checkbox"/> Numbness/Tingling
<input type="checkbox"/> Head Aches/Injuries	<input type="checkbox"/> Sleep Disorders
<input type="checkbox"/> Jaw Pain/TMJ	<input type="checkbox"/> Pregnancy (Due date: _____)
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Chronic Fatigue Syndrome
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Autoimmune Disease
<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Cancer/Tumors
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Low/High Blood Pressure	<input type="checkbox"/> Depression
<input type="checkbox"/> Lymphedema	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Asthma/Breathing Difficulty	Expand: _____
<input type="checkbox"/> Bronchitis	_____
<input type="checkbox"/> Sinus Problems	_____
<input type="checkbox"/> Allergies	_____
<input type="checkbox"/> Rashes	_____
<input type="checkbox"/> Athlete's Foot	_____

Cancellation Policy



At least six operating hours notice are required to reschedule or cancel an appointment.

You will be charged 50% of the cost of your appointment if you do not provide a minimum of six business hours notice when you change or cancel your appointment.

If you can't make it to your appointment, you can send someone else in your place to avoid being charged the cancellation fee.

We completely understand that unexpected things happen to everyone and at some point you may not have sufficient notice to give us when cancelling an appointment. Please know that our cancellation fee is not intended as a punishment to our wonderful clients, but is a necessity for us to be able to operate even when our limited time has been lost.

I have read and been informed about the Cancellation policy for Muscle Matters. I agree to abide by the policy guidelines at Muscle Matters.

Signed

Date

APPOINTMENT REMINDERS

In order to serve you better, we provide appointment reminders by text message or email 24 hours prior to your scheduled appointment.

Email Address:

Mobile Phone:

Phone Provider:

Appointment reminders are provided as a courtesy only. The cancellation policy remains in effect regardless of whether you successfully receive an appointment reminder.

YOUR EMAIL ADDRESS

From time-to-time, Muscle Matters may contact you at the email address you've provided.

We operate an email newsletter to advise you of clinic news or promotions that are likely of interest to you. If you decide that you would not like to receive the email newsletter, you may unsubscribe easily using the link provided in the newsletter. Unsubscribing is immediate, and you will not receive any further email newsletters from us.

We may also use your email address to contact you for feedback purposes or other clinic business.

At no time will we lend, sell, or give away your email address to a third-party. You are providing your email address to Muscle Matters only, and we respect your privacy.