Personal Health Information

Muscle Matters

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):

CONDITIONS

- ☐ Bone/Joint Disease
- ☐ Tendonitis
- ☐ Bursitis
- ☐ Broken Bones
- ☐ Arthritis
- ☐ Sprains/Strains
- ☐ Low Back/Hip/Leg pain
- ☐ Neck/Shoulder/Arm pain
- ☐ Head Aches/Injuries
- ☐ Jaw Pain/TMJ
- ☐ Fibromyalgia

- ☐ Heart Condition
- ☐ Varicose Veins
- ☐ Blood Clots
- ☐ Low/High Blood Pressure
- ☐ Lymphedema
- ☐ Asthma/Breathing Difficulty
- ☐ Bronchitis
- ☐ Sinus Problems

- ☐ Allergies
- ☐ Rashes
- ☐ Athlete's Foot

- ☐ Constipation
- ☐ Diverticulutis
- ☐ Irritable Bowel Syndrome
- ☐ Crohns Disease

- ☐ Multiple Sclerosis
- ☐ Epilepsy/Seizures
- ☐ Parkinsons
- ☐ Numbness/Tingling
- ☐ Sleep Disorders

- ☐ Pregnancy (Due date:)
- ☐ Chronic Fatigue Syndrome
- ☐ Autoimmune Disease
- ☐ Cancer/Tumors
- ☐ Diabetes
- ☐ Depression
- ☐ Infectious Disease

Expand:

CURRENT HEALTH INFORMATION

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

MASSAGE HISTORY

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

Please complete opposite side

Muscle Matters

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.

APPOINTMENT REMINDERS

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

Appointment reminders are provided as a courtesy only. The cancellation policy remains in effect regardless of whether you successfullly 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 adress 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.

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.

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

Signature

Date