



51 Humewood Dr,
Belleville, ON,
K8N 4E3
Tel: 613 403 5884

Name
Address
Postal Code
E-Mail

Date
Update
Phone
Work Phone
Date of Birth

Consent to e-mail updates and notifications

Current involvement in treatment with other practitioners:
Doctor
Address
Chiropractor
Occupation
Physiotherapist
Naturopath

How did you hear about us? Who may we thank?
Have you ever had a massage? How did you respond to your massage?
Did you have any reaction to lotions used?

General Health:
Primary complaint:
What aggravates it?
For how long?
What relieves it?

Type of pain: Radiating Sharp/Stabbing Aching constant
other

Any loss of sensation? Have you had any surgeries?
Date

Do you have any internal pins, wires, artificial joints, etc?

Do you have any past or present conditions of cancer?
Cancer,
type

Do you have any visual or hearing impairments?

Are you currently taking any medications?

If yes, please state what they are for and the reason

Skin Conditions: Rashes Acne Warts Eczema Moles
Athlete's Foot Skin Sensitivities Other

Musculoskeletal:
History of headaches or migraines Family history of Arthritis:
Rheumatoid Osteoarthritis

- Tendonitis Where? _____
- Strains/Sprains Where? _____
- Spasms/Cramps Where? _____
- Joint stiffness/swelling Where? _____
- Bursitis Where? _____
- Jaw Pain/ TMJ Where? _____
- Bone of Joint Disease Where? _____
- Carpal Tunnel Herniation Thoracic Outlet Syndrome Prolapsed Disc
- Other _____

Cardiovascular:

- High Blood Pressure Low Blood Pressure Dizziness/Fatigue
- Stroke Angina Aneurysms
- History of Myocardial Infarction History of Cerebrovascular Accident
- Pace Maker or other devices Hemophilia Phlebitis/Varicose Veins
- Family History of Cardiovascular difficulties/ Other: _____

Respiratory:

- Chronic Cough Asthma Bronchitis Emphysema
- Shortness of Breath Sinus Problems
- Family History of respiratory difficulties/ Other: _____

Nervous System:

- Numbness/ Tingling Parkinson's Disease Sleeping Disorders
- Multiple Sclerosis Fatigue Herpes/Shingles
- Epilepsy Chronic Fatigue Syndrome Fibromyalgia
-
- Other:s _____

Reproductive and Digestive System:

- Are you pregnant? _____ When are you due? _____
- Diabetes Constipation Irritable Bowel Syndrome Diarrhea
 - Crohn's Disease Ulcers
- Please list any other diagnosed gynecological or digestive conditions:
- _____

Infectious Conditions:

- Infectious Skin Conditions HIV Tuberculosis Herpes
- Hepatitis Infectious Respiratory Conditions: _____

Other:

Please let us know if you have any other conditions or notes that were not listed above.

Massage therapy is a holistic approach to maintaining a healthy lifestyle. Your treatment may include any of the following body parts: back, arms, hands, gluteals, legs, feet, neck, face, and scalp. If there are any areas of the body in which you **DO NOT** wish to have massage, please specify:

The therapist only undrapes the body part begins treat and then promptly re-drapes the area following treatment. It is within your right to stop or alter the treatment plan at any time through the duration of the treatment. The therapist will go over your treatment plan with you prior to treatment