Massage Therapy Intake Form

Confidential Patient Information

Date: ____ /____ /____

First Name:	Last Name:
AHC #:	DOB: D / M /Y
Gender: Male / Female/ Other	Occupation:
Street Address:	
City: Province:	Postal Code:
Email:	Phone #: - -
Emergency Contact:	Relation:
Emergency Contact Phone #: - -	Other #: - -

Have you previously had a massage? Yes / No
What is you major complaint?
Aggravating Factors?
Relieving Factors?
Other Complaints?

List any surgeries & dates:
List any past traumas / injuries:

Rebecca Goble, RMT
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Symptoms Questionnaire

Please check any of the following that apply

- ☐ Headaches (migraines)
- ☐ Headache (sinus)
- ☐ Headache (tension)
- ☐ Faintness (frequent)
- ☐ Dizziness
- ☐ Sinus infections (frequent)
- ☐ Frequent colds
- ☐ Cold sores
- ☐ Chest congestion
- ☐ Chronic cough
- ☐ Asthma
- ☐ Emphysema
- ☐ Frequent urination
- ☐ Night sweats
- ☐ Rashes
- ☐ Sensitive skin
- ☐ Bruise easily
- ☐ Fatigue
- ☐ Restlessness
- ☐ Mood swings
- ☐ Anxiety
- ☐ Fear
- ☐ Depression
- ☐ PTSD
- ☐ Tendonitis
- ☐ Sprains/ Strains
- ☐ Scoliosis
- ☐ Open Sores/ Wounds
- ☐ Rheumatoid arthritis
- ☐ Osteoarthritis
- ☐ Constipation
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Stroke
- ☐ Heart attack
- ☐ Diagnosed heart disease
- ☐ Varicose veins
- ☐ Poor circulation
- ☐ Phlebitis
- ☐ Warts
- ☐ Psoriases
- ☐ Eczema
- ☐ Nausea/ Vomiting (frequent)
- ☐ Cancer
- ☐ Epilepsy
- ☐ Neuropathy
- ☐ Lymphedema
- ☐ Fibromyalgia
- ☐ Pregnancy
  (due date:_____)
- ☐ Allergies
  (to:_____)
- ☐ Hernia
  (location:_____)
- ☐ Motor Vehicle Accident
  (date:_____)

Other (Please Specify):

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Fee Schedule and Office Policy

Massage Therapy Pricing

30 Minute Massage. $57.75

60 Minute Massage. $94.50

90 Minute Massage. $131.25

* GST is included in the above pricing
* Payment is due when service is rendered
* Please ensure you ask any questions about these fees prior to seeing the Massage Therapist.

Please note: Your appointment will end at the scheduled completion time, even if you are running late.

Office Policy

** A CANCELLATION FEE EQUIVALENT TO THE COST OF YOUR APPOINTMENT WILL BE CHARGES FOR MISSED APPOITMENTS OR IF CANCELLATION IS NOT RECEIVED WITHIN **24** HOURS

I ACKNOWLEDGE AND UNDERSTAND THE FEES AND POLICIES OUTLINED IN THE ABOVE SCHEDULE.	Name: (please print) Date: Signature:

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Massage Therapy Consent

I understand that the massage therapist is providing massage therapy services within their scope of practice.

I hereby consent for my therapist to treat me with massage therapy for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my therapist.

I acknowledge that the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage therapy is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I acknowledge and understand that the therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the massage therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I authorize my therapist to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third party payers.
I acknowledge my massage can be halted at the discretion of the Massage Therapist. Reasons for stopping a massage could include, but are not limited to inappropriate conversation or inappropriate contact.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

I ACKNOWLEDGE AND UNDERSTAND THE ABOVE MASSAGE THERAPY CONSENT.	Name: (please print) Date:

❑ By checking this box I agree to the above massage therapy consent.

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