

Massage Therapy Confidential Case History

For your information: An accurate health history is important to ensure your safety during a massage treatment. If your health status changes in the future, please let me know. All information gathered by me is confidential except as required by law—and I will inform you in that event. You will be asked to provide written authorization for the release of any information.

Name: _____

Date of Birth: _____ Occupation: _____

How did you hear about me? _____

Contact Information

Address: _____ City: _____ Postal: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Health History

What is your general health status? _____

Have you received massage therapy before? No Yes

Please indicate any conditions you are currently experiencing, or have experienced, that concern you. Also include any history of relevant surgeries.

Are you seeking massage treatment for a specific complaint?

No, just for general wellness and relaxation.

Yes. Explain: _____

How long have you suffered from this? _____

List any current or previous noteworthy injuries or surgeries.

Date: _____ Explain: _____

Date: _____ Explain: _____

Primary Physician

Name: _____ Phone Number: _____

Address: _____

Have you ever had any of the following illnesses?

HEAD / NECK

Headaches: _____
Vision problems / loss
Contact lenses
Ear problems
Hearing loss

RESPIRATORY

Chronic cough
Shortness of breath
Bronchitis
Asthma
Emphysema
Smoking

CARDIOVASCULAR

High blood pressure
Low blood pressure
CCFH
Heart Attack
Phlebitis
Stroke / CVA
Poor circulation
Varicose veins

SKIN CONDITIONS

Bruise easily
Other: _____

OTHER CONDITIONS

Difficult digestion
Constipation
Liver: _____
Gall Bladder: _____
Kidney: _____
Loss of sensation
Diabetes: _____
Sinus
Allergies: _____
 Skin irritation?
 Anaphylaxis?
Epilepsy
Cancer: _____
Epilepsy
Arthritis: _____

WOMEN

Painful menstrual problems
Cesarean / gynecological surgery
Pregnant / Due date: _____
Children / Number: _____
Menopausal problems

SOFT TISSUE / JOINT DISCOMFORT

Lower back: _____
Middle back: _____
Upper back: _____
Shoulders: _____
Arms: _____
Knees: _____
Legs: _____
Neck: _____
Feet: _____

INFECTIONS

Herpes
Hepatitis: _____
Plantar warts
Tuberculosis
HIV / AIDS: _____
Other: _____

OTHER HEALTH CARE

Chiropractic
Physiotherapy
Pschotherapy
Osteopathy
Naturopathy
Other: _____

Current medications:

Comments:

Massage Therapy Consent Form & Cancellation Policy

I, _____, of my own free will, consent to be treated with massage therapy in all forms agreed upon with Annie Girouard, RMT. I acknowledge that Ms. Girouard will provide me with all relevant information about the techniques that will be used—including, but not limited to, deep tissue massage, reflexology, hot stone massage, and lymphatic drainage.

Alternate courses of treatment, where applicable, will also be explained to me—as well as their possible risks and side effects.

I will fully understand the risks and benefits of both being treated and not being treated. I understand that my consent herein provided may be revoked at any time that I so choose.

I understand that that by signing this consent form I agree to any treatment within the next year, and that at the end of that year my signature on a new consent form may be required.

I understand that when canceling an appointment, 24 hours notice is appreciated. However, as appointment times are in demand and some are booked well in advance, should I need to cancel less than 8 hours before my scheduled time, I may be charged a cancellation fee of \$50.00—barring exigent circumstances. I further understand that while the first missed appointment may be excused, the cancellation fee will apply to any subsequently missed appointments.

I give permission to Ms. Girouard to contact me through email regarding my massage therapy appointments and treatment plan. Ms. Girouard may also contact me regarding massage therapy news and promotions.

I have read this policy, agree with it, and give my consent in all of its particulars.

Signature: _____

Date: _____