

Massotherapy

Full name: _____ Date of birth: _____

Address: _____ Occupation: _____

City: _____ Province: _____ Zip Code: _____

Home phone #: _____ Cell phone #: _____

Email: _____

Authorization to contact by email (appointment conf. /sending receipts, etc): ☐

Reason for visit: _____ Referred by : _____

Have you had a massage before? _____ If so, which type? _____

1) Have you seen a doctor recently? If so, when? _____

2) Are you currently under the care of a chiropractor? A physiotherapist? _____

If so, for which reason? _____

3) Are you currently under medication? Yes: ☐ No: ☐

If yes, please explain: _____

4) Have you undergone an operation recently? Yes: ☐ No: ☐

If yes, please explain: _____

5) Have you been in an accident recently? Yes: ☐ No: ☐

If yes, please explain: _____

6) Do you exercise regularly? Yes: ☐ No: ☐

If yes, please explain: _____

7) Do you wear orthotics? Yes: ☐ No: ☐

8) Do you wear a pacemaker? Yes: ☐ No: ☐

9) Are you pregnant? Yes: ☐ No: ☐ Due date: _____

Have you had a caesarian? _____ Are you breastfeeding? _____

10) Are you menopausal? Yes: ☐ No: ☐

Have you had or do you have any of the following problems:

- | | | |
|--|--|--|
| <input type="checkbox"/> Arthrose | <input type="checkbox"/> Water retention | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Poor blood circulation | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Cardiac problems | <input type="checkbox"/> Ulcer | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Cardiovascular problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Liver problems | <input type="checkbox"/> Constipation | <input type="checkbox"/> Kidney problems |

> Clients must arrive five (5 minutes) prior to the scheduled time.

> A maximum of 15 minutes delay will be tolerated, after which, the duration of your massage will be reduced, without any price reduction, and this, in order to avoid penalizing the following scheduled clients.

> Massage activates the whole system. Therefore, in case of illness (cold, gastro, etc), please cancel your massage for your own comfort as well as to avoid any risks of contamination. The massage therapist reserves the right to refuse a customer due To a contagious illness.

> In the same way, out of respect for her clients, your massage therapist reserves the right to cancel any appointments if she is ill as well.

I hereby confirm that I have read and understand the above:

Signature: _____ Date: _____

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CONSULTATION HISTORY

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