

Previous History (Include year and treatment received)

Surgeries: _____

Accidents: _____

Please check any conditions or symptoms presently or recently experienced:

MUSCULO-SKELETAL

- Bone or joint disease _____
- Tendonitis or bursitis _____
- Flat feet _____
- Dislocation _____
- Arthritis _____
- Sprains/strains _____
- Low back, hip, leg pain _____
- Mid back, neck, shoulder arm pain _____

- Headaches/ head injuries _____
- Spasms/cramps _____
- TMJ/ jaw pain _____
- Lupus _____

CIRCULATORY

- Heart condition _____
- Varicose veins _____
- Blood clots _____
- High blood pressure _____
- Low blood pressure _____
- Breathing difficulty/asthma _____
- Sinus problems _____
- Bruising easily _____
- Phlebitis _____

INFECTIOUS DISEASE

- Please name _____

REPRODUCTIVE

- Frequent Menstrual Cramps _____
- Prostate/Urinary Infection _____
- Pelvic Inflammatory Disease _____

SKIN

- Psoriasis _____
- Rashes _____
- Athletes foot _____
- Warts _____
- Eczema _____

DIGESTIVE

- Constipation _____
- Gas/bloating _____
- Diverticulitis _____
- Irritable bowel syndrome _____
- Ulcers or acute stomach pain _____

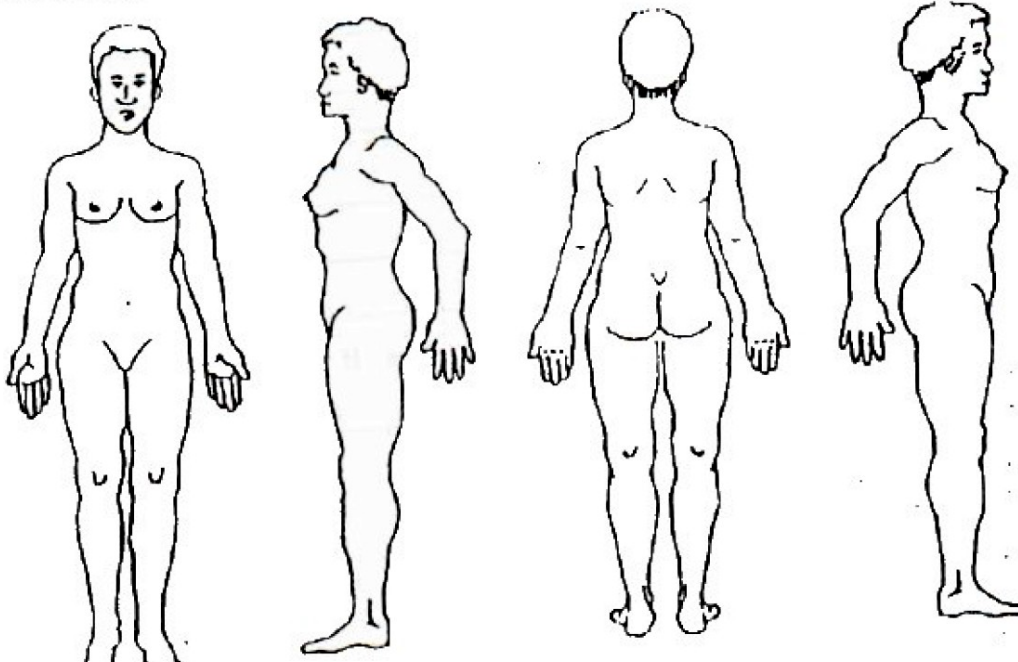
NERVOUS SYSTEM

- Herpes/shingles _____
- Numbness/tingling _____
- Chronic pain _____
- Fatigue _____
- Sleep disorders _____
- Other _____
- Lymphedema _____

OTHER

- Frequent flu/cold _____
- Fibromyalgia _____
- Cancer/tumors _____
- Diabetes _____
- Eating disorders _____
- Depression _____
- Anxiety _____
- Drug/alcohol addiction _____
- Nicotine/caffine addiction _____
- Kidney disease _____
- Epilepsy _____

Please mark areas of pain, tension or stiffness with a circle:



INFORMED CONSENT TO MASSAGE THERAPY TREATMENT

I understand that the massage therapist is providing massage therapy services within their scope of practice as defined by the Massage Therapy Association of Alberta, Inc.

I hereby consent to 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 massage I receive is provided for its therapeutic benefits and the basic purpose of relaxation, stress reduction, and the relief of muscular tension. I further understand that a massage should not be considered a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any physical ailment that I am aware of.

I acknowledge that with any treatments there can be risks and those risks have been explained to me and I assume those risks.

I understand that massage therapists are not qualified to perform skeletal adjustments, diagnose illness or disease or any physical or mental disorder, and that nothing said in the course of the session should be considered as such.

Because massage is contraindicated under certain conditions, such as open sores where the therapist may come in contact with bodily fluids, it is up to the discretion of the therapist if gloves will be used or area may not be treated. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapists part should I forget to do so. I understand that at any time I may withdraw my consent and treatment will be stopped.

★ I understand that my appointment time has been reserved for my benefit and that if I neglect to give 24 hours notice to cancel or reschedule my appointment, that I will be billed for the full amount of the missed appointment. ★

Terwillegar Wellness Centre takes sexual harassment very seriously. Let it be understood that any illicit, sexually suggestive, inappropriate and/or physical touching of our therapists will result in the immediate termination of your session, services at our clinic terminated and your name and file will be turned over to the Edmonton Police Service.

Client Name (please print)

Date

Client Signature