My Massage Therapist, Goodwood ON, (647) 400-6547,

sheilarmt@mymassagetherapist.ca

HEALTH HISTORY FORM

The information requested below will assist un treaϴng you safely. Feel free to ask any quesϴons about the information being requested. Note that all information provided below will be kept confidential unless allowed or required by law. Your written permission will be required to release any information to a third party.

Name:_____ **Date of Birth:**_____

Address:_____ **Occupation:**_____

Phone/Cellular:_____ **Referred by:**_____

Email:_____ **Doctor's Name/Town:**_____

Have you received massage therapy before? _____ Do you use text messaging? _____

Please note that a 24-hour cancellation policy is in effect and will be enforced at the discrection of the therapist. Kindly phone, email or send a text message to make any changes to your appointment 24 hours in advance if possible or a $40 fee will be charged at the time of your next visit.

Signature:_____ **Date:**_____

Headaches
Migraines
Vision loss/problems Hearing loss/problems Dizziness
Sinus pain

Heart:

High/low blood pressure
Congestive heart failure
Heart attack
Phlebios/varicose veins
Stroke/CVA
Pacemaker
Heart disease
Raynaud's

Respiratory:

Chronic cough
Shortness of breath
Bronchitis
Asthma
Emphysema

Infections:

Hepaϴϴs
TB
HIV
Herpes/cold sores/shingles

Skin:

Excema
Psoriasis
Bruises easily
Poor healing

Other:

Allergies
Diabetes
Hypoglycemia
Epilepsy
Cancer
Arthritis
Constipation
Insomnia
Fibromyalgia
Hyper/hypothyroid

MUSCULOSKELETAL:

PAIN
SWELLING
STIFFNESS
NUMBNESS
TINGLING

In the:

Neck
Shoulder left/right
Arm left/right
Upper back
Mid-back
Lower back
Leg left/right
Knee left/right
Foot left/right

Women:

Due date if pregnant:_____
Gynecological issues:_____

Men and Women:

Medic Alert?:_____
Good general health?_____

PINS/WIRES/JOINTS:_____

MEDICATION:_____

INJURY/SURGERY:_____

_____

_____

OTHER HEALTH CARE (chiro/physio…)_____ **DATE OF MOST RECENT DOCTOR'S VISIT:**_____ **REASON FOR MASSAGE:**_____

Your information is protected under the Privacy Act. Files are the property of My Massage Therapist/Sheila Graham, RMT, Sole Owner/Therapist.