Price Registered Massage Therapy
Shelly A. May
208 Scott Street
Walkerton, ON, N0G 2V0
519-507-4000

DATE_____

Initial Intake Form

Name_____ Email_____

Date of birth_____ Gender_____

Home phone_____Work phone_____Cell phone_____

Address_____

Emergency Contact_____ Phone_____ Relation_____
Occupation_____Source of referral_____

Current treatment with other practitioners_____

Primary Complaint_____

Past treatment with other practitioners_____

General health_____

Physician's Name_____ Phone_____

Medications_____
_____

Injuries_____
_____

Surgeries_____

Patient Conditions

If you are currently experiencing a listed symptom, place a "C" beside the symptom.
If you have experienced a symptom in the past please place a "P" in the box.

Respiratory
____Asthma
____Shortness of Breath
____Bronchitis
____Chronic Cough
____Emphysema
____Shortness of Breath

Skin
____Bruise Easily
____Hypersensitivity Reaction
____Melanoma
____Skin Conditions
____Skin Irritations

Cardiovascular Head and Neck
____Blood Clots
____Cardiovascular Accident
____Cerebral-Vascular Accident
____Cold Feet
____Cold Hands
____Congestive Heart Failure
____Heart Attack
____Heart Disease
____High Blood Pressure
____Low Blood Pressure
____Lymphedema
____Myocardial Infarction
____Pacemaker
____Phlebitis
____Stroke
____Thrombosis/Embolism
____Varicose Veins

____Ear Problems
____Headaches
____Hearing Loss
____ Jaw Pain
____Migraines
____Sinus Problems
____Vision Loss
____Vision Problems

Infectious Conditions
____Athlete's Foot
____Hepatitis
____Herpes
____HIV
____Respiratory Conditions
____Skin Conditions

Women
____Gynecological Conditions
____Pregnancy

Soft Tissue/Joint Dysfunction (please circle left or right)
____Ankles (left, right)
____Feet (left, right)
____Hips (left, right)
____Legs (left, right)
____Mid Back (left, right)
____Shoulders (left, right)

____Arms (left, right)
____Hands (left, right)
____Knees (left, right)
____Low Back (left, right)
____Neck (left, right)
____Upper Back (left, right)

Patient Conditions

Family History

____Cardiovascular Conditions
____Respiratory Conditions

Miscellaneous

____Allergies
____Anaphylaxis
____Artificial Joints
____Special Equipment
____Arthritis
____Cancer
____Crohn's Disease
____Diabetes
____Digestive Conditions
____Dizziness
____Epilepsy
____Fibromyalgia
____Gout
____Hemophilia
____Insomnia
____Loss of Sensation
____Lupus
____Mental Illness
____Osteoarthritis
____Osteoporosis
____Stress
____RheumatoidArthritis
____Shingles
____Surgical Pins or Wires
____Other Medical Conditions
____Other Diagnosed Diseases

Neurological

____Burning
____Cerebral Palsy
____Herniated Disc
____Multiple Sclerosis
____Tingling
____Stabbing
____Numbness
____Parkinsons

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify Shelly A. May of any changes to my health or personal information.

_____ _____

Signature of Client **Date**

_____ _____

PATIENT CONSENT FORM

It is strongly advised that you read and understand the following policies. If you have any questions, please ask.

- A client health history form is a legal requirement mandated by the College of Massage Therapists of Ontario (CMTO) to help treat you safely and effectively.
- A client health history form is required prior to your first treatment, every year, and after an absence of one year from your last treatment.
- All information discussed and recorded is completely confidential. All information will be documented using a secure web based program, Soap Vault, approved by the CMTO.
- Your written authorization is required for the release of any personal information pertaining to your file.
- All client information is securely stored for 10 years following the last treatment. If the client is under the age of 18, the information will be retained for 10 years following the patient's 18th birthday. Once the appropriate time has elapsed, the contents of the client's file will be disposed of properly.
- Massage therapy is defined as the assessment and treatment of the soft tissue and joints of the body. Therefore, every Registered Massage Therapist (RMT) may employ a variety of different techniques during a massage therapy treatment.
- A Registered Massage Therapist is unable to "diagnose" any form of illness, disease or injury.
- An "appointment" should not be interpreted as the length of the "treatment". An "appointment" may include a client intake form discussion, assessment, treatment and assignment of remedial exercises.
- The client may terminate the treatment at any point, at their discretion and without reason. The therapist can also terminate the appointment if it is thought to be unsafe or unsuitable.
- In the case of late arrivals, it should be understood that only the time remaining for your scheduled appointment will be allotted, unless additional time is available.
- Fees for appointments are as follows:

1. 15 minutes-$25
2. 30 minutes-$45
3. 45 minutes-$60
4. 60 minutes-$75
5. 75 minutes-$90
6. 90 minutes-$110

Payments can be made by cash or cheque, immediately following treatment, unless other arrangements are made with the therapist. A receipt will be issued following treatment.

Please allow 24-hours' notice if you are unable to make your appointment. Missed appointments will be given a free "missed appointment" and will not be charged. Further missed appointments without 24 hours' notice may be issued a full charge of the scheduled time, except in the event of illness or unforeseeable circumstances.

Signature of client_____ Date_____

Parent/guardian signature if under 18 years of age:

_____ Date_____