

Hey, Massage Fans! Welcome To Your Massage Experts Experience. Please Take A Moment To Relax And Fill Out This Confidential Form With All Requested Information. We Appreciate Your Time In Doing So.

FULL NAME:							
BIRTHDATE:		MONTH / DAY / YEAR					
ADDRESS:							
CITY/PROV/PC:		CITY		PROV.		POSTAL CODE	
HOME/WORK/CELL PH#		HOME		WORK		CELL	
EMAIL ADDRESS:							
EMERGENCY CONTACT:				EMERG PHONE NUMBER:			
YOUR OCCUPATION:				YOUR #HRS PER WEEK:			
Can Massage Experts Add You To Our Email / Mail Marketing Database?						Y	N
Insurance Coverage:		BLUECROSS or GREENSHIELD:		Please give your insurance card to front desk prior to treatment			
		OTHER INSURER:		Insurance receipt will be issued for your convenience			
What Prompted Your Massage Experts Visit Today? (Circle All That Apply)							
Relaxation		Personal Health		Injury/Pain		Stress	
Other:							
Are You Affected By Any Of The Following Conditions?							
Allergies		Y	N	HIV		Y	N
Arthritis / Bursitis		Y	N	Infections		Y	N
Asthma		Y	N	Infectious Disease		Y	N
Cancer		Y	N	Metal Plates/Screws/Implants		Y	N
Carpal Tunnel Syndrome		Y	N	Neck/Spine Injury		Y	N
Diabetes		Y	N	Numbness/ Tingling		Y	N
Edema		Y	N	Osteoporosis		Y	N
Fever		Y	N	Phlebitis		Y	N
Flu/Cold Virus		Y	N	Poor Circulation		Y	N
Gastro-Intestinal Ailments		Y	N	Pregnancy		Y	N
Headaches/ Migraines		Y	N	Recent Surgery		Y	N
Heart Attack/ Disease		Y	N	Shingles		Y	N
Hepatitis A, B, C		Y	N	SMOKER?		Y	N
High Cholesterol		Y	N	Sports Injury		Y	N
High / Low Blood Pressure		Y	N	Varicose Veins		Y	N
Other:							
Are You Currently Experiencing Joint/Muscle Discomfort? (Circle All That Apply)							
Jaw		Neck		Shoulders		S/Blades	
Arms		Hands		Back			
Upper Back		Middle Back		Lower Back		Hips	
Legs		Knees		Feet			
Explain:							
Are You Receiving Any Ongoing Medical Care For Conditions Not Listed Above?							
Y	N	Explain:					
Question For Expecting Mothers:							
Are You Experiencing Any Complications During This Pregnancy?						Y	N
Explain:							

Please List Any Recent Or Significant Surgeries:			
1		2	
3		4	
5		6	
Do You See Other Healthcare Practitioners? (Circle All That Apply)			Y
Acupuncture	Chiropractor	Naturopath	Osteopath
Physiotherapy	Other		
Have You Ever Had A Registered Massage?			Y
Approximate Last Date:			N
List Any Current Medication (Prescribed, Natural Supplements, Other)			Y
			N
Have You Taken An Anti-Inflammatory Today (Tylenol, Aleve, Aspirin, Advil)			Y
			N
Please Share With Us How You Discovered Massage Experts (Circle All That Apply):			
Chamber Of Commerce	Facebook	GoodLife Fitness	Google Search
Kijiji	Mail Flyer/Postcard	Newspaper	Physician
Radio	SNAP Magazine	Television	Twitter
Walk/Drove By	Yellow Pages	OTHER:	
Referred By A Friend? Their Name?			
Please Note:			
<ul style="list-style-type: none"> • Should you be the legal guardian of the client, it is your responsibility for the payment of this person. • Please remember, as your health status changes, let us know so that we may update your file. • I understand that all appointment times include a pre-health assessment as well as appropriate change time. • I understand that 24-hours' notice is required to cancel or reschedule all appointments, or full charges will apply. 			
<p><i>It is by my free-will I am receiving this massage therapy today and in future visits. To the best of my knowledge the above information is true and is the most up-to-date information I can give my attending massage therapist. I know that this information I've given is absolutely confidential and will not be used for any other purpose than to assist my massage therapist in providing me with a personalized massage which will take into consideration my individual health requirements. I recognize that failure on my part to disclose my health information could possibly result in injury and/or illness, and I hereby release Massage Experts from any claims resulting as such. The information provided to me by my massage therapist is for general educational purpose only, and is not intended for any medical or therapeutic purpose.</i></p>			
FORMS ARE THE EXCLUSIVE, CONFIDENTIAL PROPERTY OF MASSAGE EXPERTS FRANCHISING LTD.			
Please note, Massage Fans are expected to be punctual as their treatments times have been specifically reserved for them. Thank You!			
<u>CLIENT SIGNATURE:</u>		<u>DATE:</u>	<u>MO/DA/YEAR</u>
<p>Did You Know You Can Conveniently Book Your Next Massage Experts Appointment <u>Online</u>? www.MassageExperts.ca Ask Us How Today!</p>			