

WELCOME TO YOUR MASSAGE EXPERTS EXPERIENCE!

*** Please turn off your mobile devices while enjoying our surroundings ***

IS THIS YOUR FIRST VISIT TO A MASSAGE EXPERTS' CLINIC? Y N



FULL NAME _____

BIRTHDATE MONTH / DAY / YEAR GENDER _____

EMAIL ADDRESS _____

STREET ADDRESS _____

CITY / PROV / PC CITY PROV. POSTAL CODE

HOME / WORK / CELL PH# HOME# WORK# CELL#

YOUR OCCUPATION _____ # HRS PER WEEK _____

EMERG CONTACT NAME _____ EMERG PHONE # _____

EMAIL COMMUNICATION: (Information is solely for used by Massage Experts and is never shared to 3rd parties. You can unsubscribe any time)

Please send me appointment confirmations, reminders, and receipt emails Y N

Please add me to your marketing and offers database (approx. 1-2/month) Y N

INSURANCE: Please give any applicable insurance card and/or doctor's note to front desk prior to your treatment time.

FAMILY PHYSICIAN NAME _____

PHYSICAL ADDRESS / TEL# _____

Do you have a doctor's referral for your massage treatment? Y N

Are you currently seeing any other healthcare practitioners? Acupuncture Chiropractor Naturopath
 Osteopath Physiotherapy Other

Approximate date of last therapeutic massage: _____

Have you taken an anti-inflammatory or painkiller today? (Tylenol, Aleve, Aspirin, Advil, etc) Y N

What prompted your visit today? (check all that apply)

Personal Health Injury/Pain Stress Other: _____

What is the primary concern or physical complaint which has brought you in today? _____

List of major surgeries and the date(s): _____

List of any current medication(s): _____

Are you affected by any of the following conditions? (check all that apply)

- Allergies or Hypersensitivity Reactions
- Anxiety
- Arthritis / Bursitis
- Asthma / Emphysema / Chronic Cough
- Athlete's Foot
- Cancer Where
- Carpal Tunnel Syndrome
- Crohn's / Colitis
- Depression and / or Mental Illness
- Diabetes Type Type
- Edema / Swelling
- Epilepsy
- Fever
- Fibromyalgia
- Family History of: _____ Other: _____
- Flu / Cold Virus
- Gastro-Intestinal / Digestive Ailments
- Headaches / Migraines
- Hearing or Vision Loss
- Heart Attack / Disease / Failure
- Hepatitis A, B, or C or Herpes
- High Cholesterol
- High / Low - Blood Pressure
- HIV / Aids
- Infection(s) Where
- Infectious Disease
- Metal Plates / Screws / Implants
- Neck / Spine Injury
- Nervous System Illnesses
- Numbness / Tingling
- Osteoporosis
- Pacemaker or Similar Device
- Poor Circulation
- Pregnancy Due Date
- Pregnancy Complications ***
- Recent Surgery
- Shingles
- Skin Irritations / Rashes / Warts
- Smoker
- Sports Injury
- Stroke / Aneurysm
- Thyroid issues
- Varicose Veins / Phlebitis

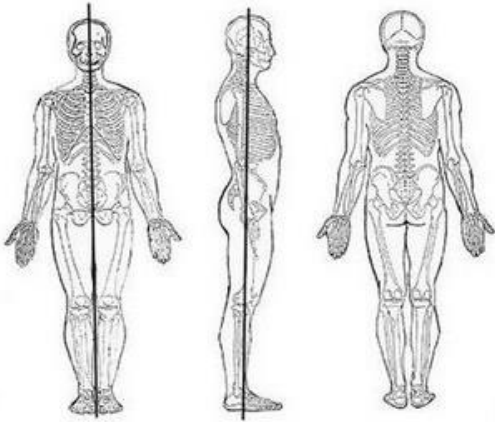
Are you receiving any ongoing medical care for any conditions not listed above? Y N

Explain: _____

Have you been in an automobile accident or have an injury we should know about? Y N

Explanation and date(s): _____

In what area(s) are you currently experiencing tissue, joint, or muscle discomfort? (circle or check all that apply)



- Jaw
- Neck
- Shoulders
- S/Blades
- Arms
- Hands
- Back
- Upper Back
- Middle Back
- Lower Back
- Hips
- Glutes
- Legs
- Knees
- Calves
- Feet

Explain: _____

Please rate your current sense of overall health and wellbeing:

- Great
- Fair
- Average
- Below Average
- Poor
- Other

Explain: _____

How did you hear about Massage Experts: (Circle All That Apply)

- Facebook
- Google Search
- Yelp
- Instagram
- Mail Flyer / Postcard
- Yellow Pages
- Radio
- Newspaper
- Sponsored Event

Please provide name of referral if applicable: _____

Local Gym _____
 Physician _____

Local Business _____
 Friend _____

Please read and acknowledge by signing the below:

1. **Privacy Policy:** Your personal information is protected and completely confidential. In accordance with your local massage association’s guidelines (College of Massage Therapists of Ontario (CMTO) for example, and other Provincial regulators) Registered Massage Therapists (RMT) require the Health History information to provide the client with safe and effective treatment. Health history forms will be updated annually to ensure your records are accurate and complete. You will be asked to provide written authorization for the release of any information in your file. Treatment records will be kept for a period of 10 years after your last treatment date or, if under 18 at the time of treatment, records will be kept for 10 years after your 18th birthday. If you need to access, update, or correct your records, please contact your local Massage Experts’ office, or contact Corporate Office with info@massageexperts.ca.
2. **Consent Policy:** In order for you to provide informed consent to treatment, at the start of each session we will discuss any concerns as well as your treatment plan including the benefits, risks, and alternate therapies available for treatment. Massage Therapists provide assessments but not a medical diagnosis. You will be referred to your family physician or an appropriate health care professional when necessary. When explaining a proposed treatment, your RMT will describe the nature of the treatment, the expected benefits, any risks or side effects of the proposed therapy, alternative options, and any consequences of not having the treatment. A client may withdraw or modify consent to treatment at any time, and the request will be respected immediately. With signing below, you are giving consent for your RMT to give you treatments. If at any time you wish to withdraw or modify your consent it will be recorded into your health records file..
3. **Receipts:** As a provincially regulated Registered Massage Therapist we will provide an official receipt for each Massage Therapy treatment you have at our clinic. Many extended health plans cover Massage Therapy when provided by an RMT. A referral note from your doctor may be required for coverage. Contact your extended health plan representative to receive the specific coverage your plan offers. Direct Billing Options are available; please visit our website or contact your local front desk team to find out what options may be available to you.
4. **Cancellation, Late Arrival & No-Show Policy: 24-hours’ notice is required to cancel or reschedule all appointments, or full charges will apply.** If you are unable to attend a scheduled appointment, please your local Massage Experts’ clinic to cancel the appointment with a minimum of 24-hours prior from the start of your treatment time. Failure to be present or cancel with proper 24-hour notice, for a scheduled appointment will result in being charged the full rate for the missed appointment. As late arrival reduces your treatment time, please arrive a minimum of 5-minutes early. Full session fees will apply when a late arrival does occur. With signing below, you are agreeing to our 24-hour cancellation, no-show and late arrival policy. Please note that you are expected to be punctual as your treatment time(s) have been specifically reserved for you and will not be extended.
5. **Other Important Items to Note:**
 - i. Clients are expected to be punctual as treatment time(s) have been specifically reserved for them and will not be extended.
 - ii. All appointment times include a pre-health assessment or health consultation, as well as appropriate change times.
 - iii. Please advise your Massage Therapist on whether the pressure is enough or too strong. A massage is always customized to you.
 - iv. As your health status changes, you will advise us, so that we may update your file. Failure on your part to disclose any health information could possibly result in an injury and/or illness, and you hereby release Massage Experts from any claims resulting as such.
 - v. You authorize Massage Experts to contact the above doctor or health-related specialist if required for treatment purposes.
 - vi. You understand that this information given is confidential, unless required by law, and will only be released with your written consent.
 - vii. Your information will not be used for any other purpose than to assist your massage therapist in providing you with a personalized and safe massage which will take into consideration your individual health requirements.
 - viii. The information provided by your massage therapist is for general purpose only and is not intended for any medical diagnosis.
 - ix. It is by your free-will that you are receiving this massage therapy today and in future visits.
 - x. You understand that your therapist can terminate treatment at any point due to inappropriate or suggestive behaviour.
 - xi. To the best of your knowledge the above information is true and is the most up-to-date information you can give the attending massage therapist.

CLIENT SIGNATURE: _____

DATE: _____ MO/DA/YEAR

FORMS ARE THE EXCLUSIVE, CONFIDENTIAL PROPERTY OF MASSAGE EXPERTS FRANCHISING LTD.

For full disclosure of our privacy policy, please visit www.MassageExperts.ca/Privacy-Policy