

Massage Therapy Confidential Health History

Name _____ Employer _____
Address _____ Phone (home) _____
City _____ (work) _____
Postal Code _____ Birthday _____ (cell) _____
Care Card Number _____

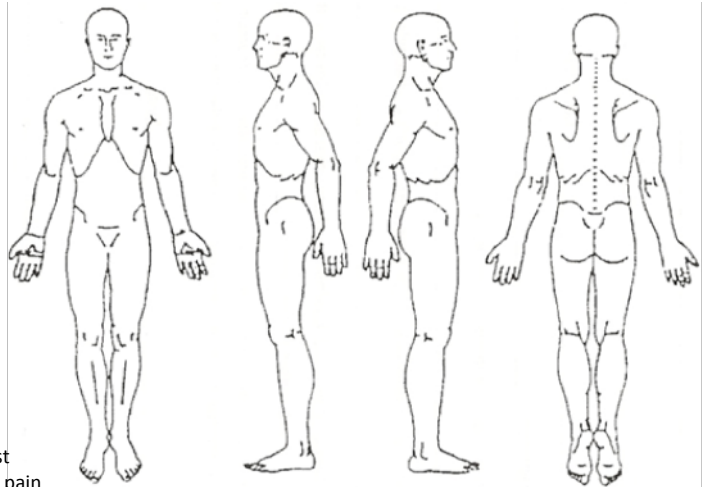
Email _____ How did you hear of our clinic? _____
Family Doctor _____ May we forward a clinical progress note to them? Yes No
Extended Health Care Provider _____ Client/Plan Number _____

Is this an ICBC/WCB claim? If Yes, Date of accident _____ ICBC/WCB claim # _____

Why are you seeking Massage Therapy today? _____

Location of Complaint: Please use the drawing

- A = Ache*
- B = Burning*
- N = Numbing*
- S = Stabbing*
- P = Pins and Needles*
- O = Other*



How intense is the pain? (make a dash along the line)

no pain ----- worst possible pain

Is it getting: better worse constant comes and goes

Is this interfering with your: work sleep daily routine recreation other _____

How and when did this complaint begin? _____

Does anything aggravate it? _____

Does anything make it better? _____

Previous treatments, medications, and surgery you've sought for this complaint? _____

Current medical conditions: _____

Medications, and reasons for taking: _____

Previous medical conditions: _____

Previous injuries, traumas or broken bones: _____

Previous Surgeries: _____

Do you have any known allergies? _____

Welcome!!

Welcome to our clinic! We are delighted to have you as a new patient and we look forward to providing you with the highest quality of care. Please note that some of our patients are sensitive to perfumes and colognes.

Office Hours

Karen Walsh-Wormald

Monday-Thursday 9:15am-7:00pm, Friday 9:15am-4:00pm.

Michelle Kisilewich

Monday-Friday 8:30am-4:30pm.

Robert Hor

Monday-Friday 9:00am-6:00pm, Saturday-Sunday 9:00am-4:00pm.

Current Fees

You have the option of paying cash, cheque, Interac, Visa, Mastercard or Amex. HST is included in all prices.

	Regular Fees	Package of 5
30 min	\$ 56	265
45 min	\$ 72	340
60 min	\$ 88	420
90 min	\$ 120	570

Subsidized rates are available with ICBC and MSP coverage.

There is no user fee for approved WCB claims.

Gift Certificates are available.

Extended Health Coverage

Most extended health care plans cover massage therapy. Please check with your plan, as sometimes a MD referral is needed for you to be reimbursed. Sometimes we are able to **directly bill your health plan.**

Please ask Receptionist for more details.

Policies and Consent to Treatment

Karen Walsh-Wormald, RMT / Michelle Kisilewich RMT / Robert Hor RMT will recommend a treatment program for your recovery. If you have preferences for certain times, we suggest you schedule them in advance. Your appointment time has been reserved for you. In courtesy of your therapist and fellow patients, we ask that you provide us with 24 hours notice of cancellation, or a cancellation fee will be charged.

Massage Therapy uses various techniques to manipulate the soft tissues and to encourage the healing process. Occasionally after treatment the affected tissues may feel sore. This is part of the healing process and can be alleviated by using cold compressions or soaking in an Epson Salt bath. Active communication with the therapist regarding the depth of treatment will facilitate the recovery process and minimize discomfort.

I acknowledge I have discussed, or have had the opportunity to discuss, with my Massage Therapist the nature and purpose of Massage Therapy in general and in my treatment plan, and give my consent to receive treatment.

Patient Signature: _____

Date: _____

