

**PARRY SOUND MASSAGE THERAPY CLINIC**

8A Ansley Street, Parry Sound, Ontario P2A 1L6  
Telephone (705) 746-4660

**CASE HISTORY OUTLINE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Where did you hear about the Clinic? \_\_\_\_\_  
Please be specific: e.g paper, name of friend, name of doctor, etc...

What brings you in for a massage? \_\_\_\_\_

How would you describe your general health? \_\_\_\_\_

**Health History: Please check the conditions that you are currently experiencing, or have experienced often in the past.**

- Current/Previous**      **Head/Neck**
- Headache type \_\_\_\_\_
  - Vision problems
  - Contact lenses
  - Earaches

- Respiratory**
- Chronic cough
  - Shortness of breath
  - Smoking
  - Breathing problems type \_\_\_\_\_

- Cardiovascular**
- High blood pressure
  - Low blood pressure
  - Poor circulation
  - Heart disease
  - Phlebitis
  - Stroke
  - Varicose veins
  - Dr. Diagnosed? \_\_\_\_\_

- Current/Previous**      **Skin**
- Skin conditions type \_\_\_\_\_
  - Bruise easily

- Other Conditions**
- Numbness or Tingling
  - Difficult digestion
  - Constipation
  - Liver \_\_\_\_\_
  - Gall bladder \_\_\_\_\_
  - Kidney \_\_\_\_\_
  - Bladder \_\_\_\_\_
  - Diabetes, onset \_\_\_\_\_
  - Sinus
  - Allergies \_\_\_\_\_
  - Insomnia
  - Epilepsy
  - Cancer \_\_\_\_\_
  - Arthritis \_\_\_\_\_
  - Dr. diagnosed? \_\_\_\_\_  
affected areas \_\_\_\_\_

- Current/Previous**      **Infections**
- Herpes
  - Hepatitis
  - Plantar warts
  - TB
  - HIV, AIDS
  - Other \_\_\_\_\_

- Current/Previous**      **Women**
- Menstrual problems  painful
  - Caesarian section, or other
  - Gynecological surgery \_\_\_\_\_
  - Pregnant: due date \_\_\_\_\_
  - Menopausal problems \_\_\_\_\_
  - Children: number \_\_\_\_\_

- Current/Previous**      **Other Healthcare**
- Chiropractic
  - Physiotherapy
  - Psychotherapy
  - Regular exercise
  - Massage

**Surgery**  
type \_\_\_\_\_  
date \_\_\_\_\_  
current symptoms \_\_\_\_\_

**Injury**  
type \_\_\_\_\_  
date \_\_\_\_\_  
current symptoms \_\_\_\_\_

**Insurance Coverage**  
Company Name \_\_\_\_\_

Is there a family history of arthritis?  
 Yes  No

**Current Medications**

Name	For what condition
_____	_____
_____	_____
_____	_____

**Medical Doctor**  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of last visit \_\_\_\_\_

**Muscles**  
Current Pain/Stiffness / Previous Pain/Stiffness

Neck	<input type="checkbox"/>	<input type="checkbox"/>
Low Back	<input type="checkbox"/>	<input type="checkbox"/>
Mid-Back	<input type="checkbox"/>	<input type="checkbox"/>
Upper Back	<input type="checkbox"/>	<input type="checkbox"/>
Shoulders	<input type="checkbox"/>	<input type="checkbox"/>
Leg: Left/Right	<input type="checkbox"/>	<input type="checkbox"/>
Knee: Left/Right	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Is there a family history of any of the conditions above?  No  Yes \_\_\_\_\_

OTHER MEDICAL CONDITIONS? \_\_\_\_\_

**OF SPECIAL NOTE:** (pins, wires, artificial joints or limbs, special equipment such as wheelchairs, walkers, cane, etc)

## **CONFIDENTIALITY AGREEMENT**

I understand that the information that I give on this form will be confidential and will be used for no other purpose than the professional therapist's clinical records. This information is required to comply with the legislation which governs Massage Therapy in Ontario.

## **24 HOUR CANCELLATION POLICY**

I understand that if I miss a massage appointment completely I will be charged the full amount of the time I have missed.

I understand that if I do not have a valid excuse for cancelling within the 24 hours of treatment I will be charged the full amount of the time I have missed.

I understand that if I arrive late for an appointment that I will be charged the full amount of the scheduled appointment time.

I understand that a massage therapist's time is valuable, and goes unpaid if I miss my scheduled appointment without leaving time for the treatment time to be rebooked.

I understand that someone else may have wanted the time slot that I booked.

I understand all that has been stated above and will give the massage therapist 24 hours notice before cancelling a massage appointment or I will be charged the full amount of the missed treatment time.

Sign\_\_\_\_\_

Date\_\_\_\_\_