

**MASSAGE THERAPY HEALTH HISTORY FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ Male / Female / Other \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

**How did you hear about our clinic? Check all that apply:**

Friend (Name) \_\_\_\_\_  Colleague (Name) \_\_\_\_\_

Internet (Google)  Passing by  Phone Book  Other \_\_\_\_\_

**What is Your Primary Complaint?** \_\_\_\_\_

**Health History: Please indicate conditions you are experiencing, or have experienced:**

**Respiratory**

- chronic cough
- shortness of breath
- bronchitis
- asthma
- emphysema

**Cardiovascular**

- high blood pressure
- low blood pressure
- CCHF
- heart attack
- phlebitis
- stroke / CVA
- pacemaker or similar device
- heart disease

**Skin**

- skin conditions

**Other Conditions**

- loss of sensation
- diabetes (onset: \_\_\_\_\_)
- allergies \_\_\_\_\_
- epilepsy
- cancer
- arthritis
- scoliosis

**Head & Neck**

- vision problems
- vision loss
- ear problems
- hearing loss

**Infections**

- hepatitis
- TB
- HIV

**Women**

- pregnant (due: \_\_\_\_\_)

**Soft Tissue/Joint Discomfort and its Nature**

- neck \_\_\_\_\_
- low back \_\_\_\_\_
- mid back \_\_\_\_\_
- upper back \_\_\_\_\_
- shoulders \_\_\_\_\_
- arms \_\_\_\_\_
- legs \_\_\_\_\_
- knees \_\_\_\_\_
- other \_\_\_\_\_

**What is your general health status?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:** \_\_\_\_\_ **Primary Care Physician:** \_\_\_\_\_

Condition it Treats: \_\_\_\_\_ Address: \_\_\_\_\_

**Surgery:** \_\_\_\_\_ Date \_\_\_\_\_ **Present Involvement in Other Health Care:** Y / N  
Nature \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

**Injury:** \_\_\_\_\_ Date \_\_\_\_\_  
Nature \_\_\_\_\_

**Other Medical Conditions** (e.g., digestive conditions, gynecological conditions, hemophilia, etc.): \_\_\_\_\_

**Of Special Note** (presence of internal pins, artificial joints, special equipment): \_\_\_\_\_

## OFFICE POLICY

Welcome to King West Chiropractic Health Centre

### **Insurance**

Many benefit plans cover some or all of our services. While our office does not deal directly with insurance companies, we do issue official receipts which may be submitted for reimbursement.

### **Scent-Free Policy**

KWC is a scent-free clinic – please refrain from wearing perfume or cologne.

### **Massage Therapy and Osteopathy Missed Appointment Policy**

24 hours notice is required when cancelling or rescheduling massage and osteopathic appointments.

***If we are unable to fill the timeslot patients will be responsible for the full fee of the missed appointment.***

### **Email + Privacy Policy**

- The personal information collected is for limited and confidential use by the clinic only.
- We reserve the right to contact you for the following purposes: confirming appointments, clarifying your account and monthly clinic updates.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_