

Elan Massage

(Confidential Client History & Disclaimer Form)

For your information:

An accurate health history is important to ensure that it is safe for you to receive a massage treatment. If your health status changes in the future, please let me know. All information gathered for this treatment is confidential except as required by law or except to facilitate assessment or treatment. You will be asked to provide written authorization for release of any information.

Client's Name _____ Date _____ Date of Birth _____
Address _____ City _____ Postal Code _____
Phone _____ Cell _____ Email _____ Emergency _____
Contact _____ Occupation _____
How did you hear about us? _____ Who referred you? _____

**If this visit is for a health issue please complete the next section CURRENT HEALTH CONDITION.
If for you would like massage for relaxation, skip to RELEVANT HEALTH HISTORY.**

CURRENT HEALTH CONDITION

Medical doctors name _____ Doctors Phone Number _____
What brings you to see us? Motor Vehicle Accident ___ WCB Claim ___
Other _____
When did your condition start? _____
Have you had a similar problem in the past? _____
The condition is: Constant ___ comes & goes ___ getting worse ___
The condition is interfering with:
Work ___ Sleep ___ Daily routine ___ Sports ___ Relationships ___ Household Activities ___
Have you consulted others regarding this condition?
chiropractor ___ massage therapist ___ physiotherapist ___ other _____
What makes your condition:
Better? _____
Worse? _____

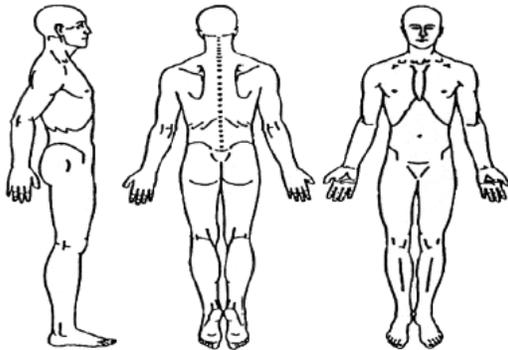
RELEVANT HEALTH HISTORY

Do you smoke? . Yes . No I sleep on my: . back . side . stomach
Are you pregnant? Yes . No (mm / dd / yy)Due Date: _____
What current medication or natural supplements do you take? _____
Conditions these medications treat? _____
Would you like a silent massage? Music Yes. No. , Chit chat Yes. No.
Is this your first massage? Yes . No .
Has it been more than six months since your last massage? Yes . No .
What are your favorite parts of a massage? (i.e.: feet, shoulders) _____
Are there areas you dislike massage? _____
Please list any major illnesses and surgeries: _____
Have you ever been in a car accident, if yes when? _____
Do you have any health complaints/concerns? _____

Please check & if you have a history or current problem with any of the following conditions:

High blood pressure	___	Cancer	___	Headaches	___
Allergies	___	TMJ	___	Pitted Edema	___
Low blood pressure	___	Hepatitis	___	Heart attack	___
Kidney problem	___	Multiple Sclerosis	___	Fatigue	___
Bruising	___	Osteoporosis	___	Joint Pain	___
Digestive disorders	___	Phlebitis	___	Dizziness	___
Skin disorders	___	Bladder infections	___	Sprains/Strains	___
Swelling	___	Spasms/Cramps	___	Arthritis	___
Immune system problem	___	Varicose veins	___	Constipation	___
Depression	___	Hip/Back Pain	___	Diabetes	___
Fibromyalgia	___	Heart Condition	___	Carpal Tunnel	___
Contagious Condition	___	Epilepsy	___	Plantar Warts	___

Do you have any conditions that I have not mentioned?

PLEASE INDICATE WHERE YOU ARE EXPERIENCING PROBLEMS	Practitioner
Notes:	
	

Please take a moment to carefully read the following information:

I understand that the massage I receive is for the basic purpose of relaxation, stress reduction, and the relief of muscular tension. If I experience pain or discomfort during the session, I will immediately inform my therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should NOT be construed as a substitute for medical attention and that I should see a physician, chiropractor, or other qualified medical specialist for any medical or physical ailment that I am aware of. I understand that my massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such. Because massage is contraindicated under certain medical conditions, I affirm that I have stated all of my known medical conditions, and have answered all questions honestly. I agree to keep my massage therapist updated as to any change in medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client _____ Date _____

Signature of Parent or Legal Guardian

(If client is under the age of 18 years, a parent or guardian must sign)
