Patient Health History Form

Insurance Coverage: The fees for Massage therapy are not covered by MSI. Most health insurance plans, (eg Blue Cross, Public Service Health etc) reimburse all or a high percentage of the cost, however in most cases (except for Blue Cross) we are not permitted to bill them directly. Upon payment we will issue an official receipt for you to submit to your insurance carrier for reimbursement. Plans vary considerably so PLEASE CHECK YOUR PLAN TO DETERMINE THE AMOUNT OF COVERAGE YOU HAVE AND THE TERMS OF YOUR REIMBURSEMENT. Some plans require a referral by a physician.
Fees and cancellation policy are posted at the front desk

Please print clearly

Name_____Date_____
Address_____ City_____ Prov_____
Postal Code_____ Phone Numbers (H)_____(C)_____(W)_____
Birth Date:_____(d) _____(m) _____(y) Occupation: _____
Email Address: _____ Family Doctor:_____

Please indicate conditions you are experiencing or have experienced. All information is confidential

Cardiovascular • High blood pressure • Low blood pressure • Chronic congestive heart failure • Heart attack • Phlebitis/varicose veins • Stroke/CVA • Pacemaker or similar device • Heart disease • Dizziness/vertigo • Seizures • Infectious blood conditions (Hepatitis, HIV):_____ Is there a family history of any of the above?:_____	**Respiratory** • Asthma • Bronchitis • Emphysema • Chronic cough • Shortness of breath • Infectious respiratory conditions: _____ Is there a family history of any of the above?:_____	**Digestive** • Constipation • Crohn's Disease • Colitis • Irritable Bowel Syndrome • Ulcers
Head/Neck/TMJ (Jaw) • History of headaches • History of migraines • Vision problems • Clenching teeth • Grinding teeth • Clicking/popping jaw • Jaw pain • Ringing/pressure/stuffiness in the ear (circle one)	**Women** • Pregnancy *Due date:*_____ • Menopausal problems _____ • Menstrual problems _____ • Gynecological conditions _____	**Other** • Loss of sensation/tingling *Where?:*_____ • Diabetes Onset:_____ Type:_____ • Allergies/hypersensitivity *What?:*_____ • Cancer Type/location_____ • Arthritis *Is there a family history of arthritis?*_____ • Hemophilia • Fibromyalgia • Chronic fatigue • Scoliosis • Osteoporosis • Multiple Sclerosis

Do you have any medical conditions not listed? (Circle one) **YES** **NO***If yes, please describe:*

_____

Do you have any artificial joints, pacemakers, or special equipment that we should be made aware of?

_____

For what condition are you seeking treatment today?_____

Have you seen other health care professionals for this condition? *If yes, whom?*_____

Why is it important that you have this problem fixed now?

_____

What are two main things that you want to achieve from today's consultation?

_____

_____

Have you ever been involved in any motor vehicle accidents? ***Date:*** _____
Have you been involved in other accidents? ***Date:***_____
Have you ever been knocked unconscious? ***Date:***_____

Briefly list any surgeries you have undergone, for what and when:

_____

Are you presently taking any prescribed medication(s)?
If yes, please list

_____

_____

Please circle on the following scales the extent to which you are currently satisfied with the following:
(5 represents total satisfaction, 1 represents little or no satisfaction)

Physical health and fitness	5	4	3	2	1
Mental & emotional happiness	5	4	3	2	1
Energy level	5	4	3	2	1
Diet	5	4	3	2	1
Ability to relax	5	4	3	2	1

_____

I, _____ have fully reviewed the Patient Health History Form and have truthfully and accurately detailed my previous and current health status. I understand that my practitioner must be made aware of any existing physical conditions, and I agree to keep my practitioner informed of any changes in my health status for my records. I consent to receive massage therapy treatment, but understand that I have the right to stop or modify treatment at any time. If you have any questions or concerns, please do not hesitate to discuss them with the therapist prior to treatment.

Signature:_____ Date:_____

HOW DID YOU CHOOSE US!

- Physician Recommendation
- Internet/Google Search
- Advertisment
- Location
- Family and Friends Recommendation.
- Other_____

06/2017