

Barb's Wellness Services

Confidential Case History

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 us 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.

Last Name:		First Name:		Date of Birth (mm/dd/yy):	Male / Female
Address:			City:		Postal Code:
Home Phone:	Work Phone:	Cell Phone:	E-mail:		
How did you hear about me? Did anyone refer you?				Occupation:	

If this visit is for a health issue please complete the **Current Health Condition** section otherwise skip to section **Relevant Health History**.

Current Health Condition

What brings you to see us?		
When did your condition start?	Have you had similar problems in the past?	The condition currently is: constant: ___ comes and goes: ___ getting worse: ___
Have you consulted other professional regarding your condition: Chiropractor: ___ Massage Therapist: ___ Physiotherapist: ___ Other: _____		
What makes your condition better or worse?		

Relevant Health History

Do you Smoke?	Are you pregnant?	If yes, what is your due date:
Please list any medications or natural supplements you're currently taking:		
What do your medications or supplements treat?		
Has it been more than 6 months since your last massage?	What are your favorite parts of massage (i.e. feet or shoulders)?	Are there any areas you dislike?
List any major illnesses or surgeries you've had:		
List any communicable diseases (warts, open sores, etc):		
Have you ever been in a car accident?	If yes, when?:	
<p>PLEASE NOTE THAT 24 HOURS NOTICE IS REQUIRED FOR THE CANCELLATION OF AN APPOINTMENT. IF YOU ARE SICK, OR ARE OTHERWISE UNABLE TO ATTEND FOR YOUR ALLOTTED TIME, PLEASE CALL TO MAKE OTHER ARRANGEMENTS.</p> <p>CONSENT AND RELEASE: I have read and thoroughly understand all of the above form. The information given is correct and complete to my knowledge. I shall notify the therapist upon any changes or updates of my health or medication so my file information remains current. I have the right to consent to all or part of the session, or to withdraw consent at any time. If the description of the session beforehand is incomplete, I have the right to ask questions at any time and have them adequately answered. I will communicate information (such as pain/discomfort levels) throughout the session to ensure my own safety and the effectiveness of the session. Every precaution is made to provide safe treatment. I understand that Barb's Wellness Services Inc. and its contractors do not accept liability for any claim as to the method or manner of treatment given, or any complaint related to the treatments given. I fully understand and agree to the above disclaimer as stated conditions of receiving treatment. I consent to treatments.</p>		
Signature: _____		Date: _____