

LI'S CHINESE THERAPEUTIC MASSAGE INC.

3507 Centre Street NW, Calgary, Alberta T2E 2X9

Telephone: (403) 230-8468

Massage Intake Form

- CONFIDENTIAL INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

Home Address: _____

City _____ Province: _____ Postal Code: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Occupation: _____ Date of Birth _____

Massage Coverage details:

Insurance company name: _____ Plan # _____ ID# _____

Have you ever received massage therapy? Yes _____ No _____

If yes, what type of massage experienced? Please circle: Swedish, therapeutic, sports, shiatsu, Thai, deep tissue, etc.

Are you currently taking any medications? Yes _____ No _____ If yes, please list name and reason for medications:

Are you currently seeing a healthcare professional such as physiotherapist, chiropractor? Yes _____ No _____

If yes, please list names and reason/treatment _____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Broken/dislocated bones | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood clots | <input type="checkbox"/> constipation/diarrhea | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> chronic pain | <input type="checkbox"/> auto-immune condition* | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> stroke | <input type="checkbox"/> skin conditions | <input type="checkbox"/> hepatitis (A, B, C, other | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> surgery | <input type="checkbox"/> TMJ disorder | <input type="checkbox"/> whiplash | <input type="checkbox"/> chemical dependency (alcohol, drugs) |
| <input type="checkbox"/> seizures | <input type="checkbox"/> scoliosis | <input type="checkbox"/> current pregnant | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> back problems | <input type="checkbox"/> insomnia | | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> Depression, panic disorder, other psych condition | | | <input type="checkbox"/> chronic fatigue |
| <input type="checkbox"/> Others such as AIDS, , lupus, etc. | | | |

Do you have any of the following condition today:

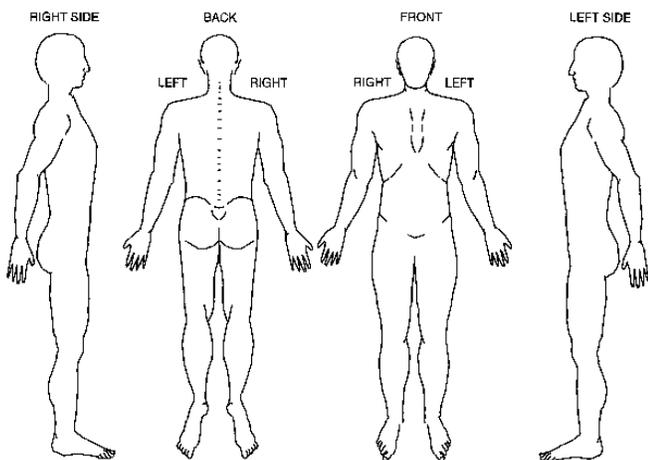
- skin rash cold/flu open cuts severe pain
 anything contagious injuries/bruises

Do you have any allergies to:

- medications foods (nuts, etc.)
 environmental allergens (dust, pollen, fragrances)
 reactions to skin care products

If any of the above are checked, please give details: _____

Where do you feel pain? (please circle the part you want our therapist to focus on)



What are your goals/expectations for this therapy session?

The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to:

- need to move or change position
- sighing, yawning, change in breathing
- stomach gurgling
- emotional feelings and/or expression movement of intestinal gas
- energy shifts
- falling asleep

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing to reduce muscular tension, it is not a replacement for your ongoing established medical examination, diagnosis and treatment.
2. This is a professional therapeutic massage clinic and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. If I am late for my massage session, I agree to pay for any time missed as part of the scheduled session.
5. Any cancellation should be done 24 hrs in advance. I agree to pay for full amount if I cancel my massage appointment in less than 24 hrs.

Signature: _____ Date: _____ (YYYY/MM/DD)