

Bonavista Physical Therapy
739 Lake Bonavista Drive S.E.
Calgary, Alberta T2J 0N2

Massage Therapy Intake

Personal Information PLEASE PRINT Email address _____

Name _____ Birth Date M ___ D ___ Y ____ Age ____

AHC # _____ - _____ M F (please circle) Family Physician

Home Address _____

City _____ Province _____ Postal Code _____

Home # _____ Work # _____ Cell # _____

Occupation _____ Insurance Provider _____

General Information

Were you referred to Bonavista Physical Therapy? _____

If yes by whom? _____

If no, how did you hear about us? _____

Fees for Massage Therapy are as follows (plus GST)

30 Minutes	\$55.00	Hot Stone Massage	
45 Minutes	\$80.00	60 Minutes	\$110.00
60 Minutes	\$90.00	90 Minutes	\$135.00
75 Minutes	\$110.00		
90 Minutes	\$125.00		
120 Minutes	\$170.00		

Failing to attend your appointment or failing to cancel 12 hours prior to the appointment will result in a fee equaling the cost of your massage.

Medical Information (Please circle) the following conditions that apply now or have in the past

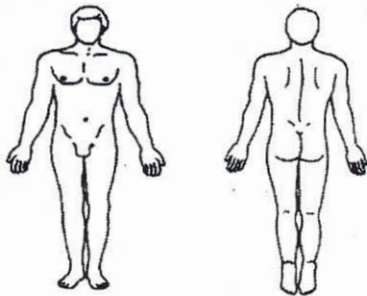
Fainting Asthma Heart Problems Headaches High Blood Pressure
Pacemaker Varicose Veins Low Blood Pressure Skin Problems Cancer HIV or STD's
Blood Clots Allergies _____

Please list any surgeries you have had : _____

Muscle Pain and Discomfort

Please mark those areas of concern with an X

Comments



Describe the onset and frequency of symptoms.

Are you currently under a medical practitioner's care for the symptoms? Y___ N___
If yes, please provide the diagnosis and type of treatment you are receiving.

Do you have numbness or tingling sensations? Yes _____ No _____
If so, please describe where and when this happens.

Medications Please list medications which you are currently taking.

Massage Experience

Have you had massage therapy previously? _____

How often? _____

What type of pressure do you prefer: Light _____ Medium _____ Deep _____

In case of an emergency in this office, your therapist or another staff member will inform you of evacuation procedures.

Consent

I have completed the above information to the best of my knowledge and will inform the massage therapist of my current medical condition. I will keep her informed as changes occur. I understand that massage therapy is for the release of muscle tension and basic relaxation; it does not replace a doctor's treatment.

Please sign in the space provided in acknowledgement and understanding of the above, as well as authorizing permission for my therapists to communicate with and receive information from my doctor and radiologist.

Signature _____ Date _____
(if under 18 years of age, legal guardian's signature is required)