

**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	<b>Hot Stone Massage</b>	
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 : \_\_\_\_\_

\_\_\_\_\_