**Westcoast Forest Therapeutics Ltd.**
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# Regular Massage Intake Form

## Contact Information

**Date:** _____

Name: _____ Birthday: (Month) _____ (Day) _____

Address: _____ City: _____ Postal Code: _____

Phone: (Home) _____ (Cell) _____ Email: _____

Occupation: _____ Work Phone: _____

Referred by: _____ ☐ Media; ☐ Pamphlet; ☐ Other: _____

Do you have extended health insurance covered? Acupuncture ☐ Yes ☐ No RMT ☐ Yes ☐ No

What is your preferred massage technique? ☐ Soft/Gentle ☐ Moderate ☐ Strong/Deep Tissue

## Chief Complaint

What is your major concern? _____

When did it begin? _____ Year(s) _____ Month(s) _____ Day(s)

How did it begin? _____

Which treatment(s) are you currently using or have you tried for this health concern?

☐ Physician ☐ Physiotherapy ☐ Massage ☐ Acupuncture/TCM ☐ Chiropractor ☐ Others _____

What is your health goal? _____

## Medical History (Please check if you have been diagnosed any of the following):

| | | | |
|---|---|---|---|
| ☐ Heart Disease | ☐ Stroke | ☐ Seizures | ☐ High/Low Blood Pressure |
| ☐ Lung Disease | ☐ Asthma | ☐ Allergies | ☐ Dermatitis/Skin Problem |
| ☐ Liver Disease | ☐ Hepatitis | ☐ Headache/Migraines | ☐ Thyroid Disease |
| ☐ Kidney Disease | ☐ Diabetes | ☐ Arthritis | ☐ Bleeding Problem |
| ☐ Vision Concern | ☐ Cancer | ☐ STD | ☐ Menstrual Concern |
| ☐ HIV/AIDS | ☐ Others (specify): _____ | | |

Do you have any allergies or sensitivity to any food or medications? ☐ No ☐ Yes

If yes, please list: _____

Do you exercise regularly? ☐ No ☐ Yes (specify): _____

**** Should you need to cancel or reschedule your appointment, we require at least 24 hours of notice to avoid being charged.**
**** No show or late cancellation (less than 24hours) will result in a 50% non-refundable charge.**

I, the above named patient, herby confirm my understanding of the clinic polices stated and agree to the terms set froth therein. By giving my signature I also understand that the massage results may vary and are nonrefundable.

Signature of Patient/Client: _____ Date: _____

A Healthy Mind Needs A Healthy Body!