STERLING chiropractic & wellness

CONFIDENTIAL
Health History Form
Massage Therapy

778-484-6123
309 Bank Road
Kelowna, B.C.
V1X 6Y4

The information requested below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided will be kept confidentially unless allowed or required by law. Your written permissions will be required to release any information.

Name: ______________________________ Phone #: ______________________________
Address: ____________________________________ Postal Code: ______________________
Occupation: __________________ Employer: ____________________ Care Card #: ____________
Marital Status: ____________ Number of Children: _______________ Gender: M F
Have you received massage therapy before? Y N
Did a healthcare practitioner refer you for massage therapy? Y N
If yes, please provide their name and address: ____
How would you like to be contacted for appointments? Email Text Phone

Please indicate conditions you are experiencing or have experienced:

Cardiovascular
_ high blood pressure
_ low blood pressure
_ chronic congestive heart failure
_ heart attack
_ phlebitis/varicose veins
_ stroke/CVA
_ pacemaker or similar device
_ heart disease

Is there family history of any of the above? Y N

Respiratory
_ chronic cough
_ shortness of breath
_ bronchitis
_ asthma
_ emphysema

Is there family history of any of the above?
Y N

Infections
_ hepatitis
_ skin conditions
_ TB
_ HIV
_ herpes (itching)

Other Conditions
_ loss of sensation, where?
____
_ diabetes, onset: ___________
_ allergies/hypersensitivities, what?
____
type of reaction: ___________
_ epilepsy
_ skin conditions, what?
____
_ cancer, where?
____
_ arthritis

Is there family history of arthritis?
Y N

Head/Neck
_ history of headaches
_ history of migraines
_ vision problems
_ vision loss
_ ear problems
_ hearing loss
_ dizziness/fainting
_ heart disease

Women
_ pregnant, due: ___________
_ gynaecological conditions, what?
____

Overall, how is your health?
____

Pain or stiffness, where?
____

What aggravates your symptoms?
____

Current medications:
____

Conditions it treats:
____

Are you currently receiving treatment from another health care professional? Y N If yes, for what?
____

Surgery? Date: __________ Nature: __________
____

Injury? Date: ___________ Nature: __________
____

Do you have any other medical conditions? (e.g. digestive conditions, haemophilia, osteoporosis, mental illness) Y N If yes, what other conditions?
____

Do you have any internal pins, wires, artificial joints or special equipment? Y N If yes, what are they?
____

Where?
____

What is the reason you are seeking massage therapy? Please include location of any tissue or join discomfort.
____

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Emergency Contact: ___________________________ Phone #: _____________________________

How did you hear about us? ____

Is this a work related injury? Y N if yes, what is your claim #?: ____

Is this an RCMP, D of VA, etc. claim? Y N if yes, what is your claim #?: ________________________________

Do you have extended healthcare? Y N Name: ____

Please Note:

Your appointment time is reserved especially for you. Please allow 24 hours for cancellation. A $25.00 fee will be charged if this is not done as the therapist will be unable to utilize your time slot. Payment is due upon receipt of treatment, whether private or insured.

I authorize Sterling Chiropractic & Wellness to collect my information and communicate with other health professionals if needed. I understand my medical and personal information is confidential and will not be disclosed without my permission.

I give permission to be contacted prior to my appointment as a reminder: *INITIAL* ______

I give consent to be treated by the R.M.T's at Sterling Chiropractic & Wellness: *INITIAL* ______

I give Sterling Chiropactic & Wellness permission to use my email to remind me of appointments and provide wellness information: Y N

Patient Signature (or Guardian): ____

Date: ____

Witness: ____

 PLEASE HAND IN TO FRONT DESK **Thank You**