Basic Kneads – Massage Therapy & Wellness Centre

CLIENT CASE HISTORY

3 pages

This information is considered confidential and will be used for no other purpose than the professional therapist's records

Name: _____ Age:_____ Date of Birth:_____/_____/_____
Address:_____ month day year
_____ Postal Code: _____
Home Telephone: _____ *E-MAIL: _____ (for reminders)
Work Telephone: _____ Cell phone #_____
Family Doctor & Tel. #: _____ REFERRED BY: _____

YOUR MAIN REASON FOR COMING?_____
Other Complaints:_____
Aggravating Factors: _____
Occupation:_____
Do you exercise/play sports?_____
Have you had previous Massage Therapy treatments? Yes____ No ____
Are you currently taking any **medication**? Yes ____ No ____ *Please list:*
_____
Are you currently involved in any other form of **rehabilitation/therapy** or **healthcare**? _____

HEALTH HISTORY – Please circle the conditions that apply to you

Head/Neck
headaches: type _____
vision problems
contact lenses
earaches
sinus
allergies: type _____
epilepsy
hearing aid
neck pain
dizziness

Respiratory
chronic cough
asthma
short of breath
bronchitis
emphysema
smoker
freq. colds

Cardiovascular
high blood pressure
low blood pressure
poor circulation
heart disease
atherosclerosis
(hardening of arteries)
fainting
stroke
hemophilia
heart attack
(Date:_____)
pacemaker

Digestive/uro-genital
poor appetite
constipation
diarrhea
liver/gall bladder
ulcers
kidney/bladder
difficult digestion
hernia
indigestion
Diabetes type:_____

Other
Hepatitis
Cancer _____
Tuberculosis
HIV+

Men
Prostate issues

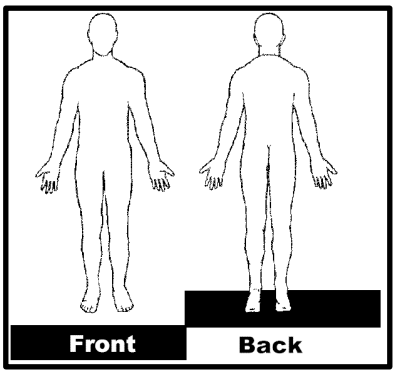
Women
menstual difficulties
pregnant: ____ mos
due date: _____
menopausal since _____

Please list other concerns: _____
_____
_____
_____

Please TURN PAGE over --------→

Please **circle** the conditions that apply to you
problem

Indicate areas of **pain** or with "X's" or shading



Back Muscles and Joints

Neck pain
Middle back pain (btwn shoulder blades)
Lower back pain
Swelling
Gluteus/buttock pain
Leg pain R or L
Shoulder pain R or L
Wrist/hand pain

Skin

Sensitive skin
Rashes
Varicose veins
Infectious skin condition/disease
Cold sores
Bruise easily or hemophilia
Psoriasis/eczema: location_____

Stiffness/limited movement where_____
Numbness/Tingling/Electric-pain where?_____

Osteoporosis: affected areas _____ Date diagnosed_____
Rheumatoid arthritis: affected areas _____ Date diagnosed_____
Osteoarthritis: affected areas _____ Date diagnosed_____
Multiple sclerosis: affected areas _____ Date diagnosed_____
Fibromyalgia: affected areas _____ Date diagnosed_____
Degen.Disc Disease: affected areas _____ Date diagnosed_____

Have you ever been in an **automobile accident?** Yes _____ No_____
Date of accident: _____
Injury Sustained: _____
_____

Have you ever had **surgery**? Yes _____ No _____
type: _____
date: _____
any current symptoms: _____

Do you have any: **pins, plates, prosthesis, pacemaker or wires**? _____

Massage therapy is the manipulation of soft tissues of the body to gain a therapeutic response. Soft tissues include: muscles, skin, and connective tissue. (tendons, ligaments and membranes)

The confidential medical history provided by you is required to assist us in forming an assessment and treatment plan, which will be explained to you before treatment. This will help you to understand the processes behind your pain, and how we can work together to alleviate it. You may stop treatment at any time, and questions during or after therapy are highly encouraged.

Please sign below to confirm that you have read and understand the above, as well as CONSENT to treatment.

Client Signature: _____ Date:_____

Reviewed after 1 year Initial:_____ Date:_____
Reviewed after 1 year Initial:_____ Date:_____
Reviewed after 1 year Initial:_____ Date:_____

Basic Kneads Office & Cancellation Policy

As a "new" patient you will be asked to fill out a confidential CASE HISTORY & CONSENT TO TREATMENT form. These forms are required, and contain information pertinent to your proper care and treatment. Please let us know if any changes or accidents/ falls occur, prior to one-year review.

OUR SERVICE RATES

Massage Therapy, Reiki, Reflexology

30 minutes	@	$ 50.00
45 minutes	@	$ 70.00
60 minutes	@	$ 85.00
75 minutes	@	$100.00
90 minutes	@	$110.00
120 minutes	@	$160.00

(Reiki and Reflexology have a 1hr minimum)

Hot Stone Massage Therapy

45 minutes	@	$ 85.00
60 minutes	@	$100.00
75 minutes	@	$110.00
90 minutes	@	$125.00

CANCELLATION POLICY

We require

24 HOURS NOTICE

when changing or canceling your appointment time.

FULL FEE will result in ALL appointments cancelled without 24 hours notice.

You may opt to have another person come in your place.

- **Seniors (65+) receive $15 off appointments greater than 30 minutes and $10 off 30-minute treatments.**
- Prices include GST. We accept VISA/Debit/MASTERCARD, cash and cheques
- Appointment times cannot be split due to differences in fee structure
- Receipts are dated & issued only in the name of the recipient on the day treatment is received.

Many insurance companies & group health plans offer benefits that assist with, or cover the cost of Massage Therapy. Check your policy under "Paramedical" or "Other Health Services" for more information (Rx from MD or Chiropractor may be needed)
Regrettably, OHIP does not pay for this medical service.

Please sign our policy to indicate that you have read and understand our FEE STRUCTURE & CANCELLATION POLICY

Signature:_____ Date: _____/____/____

- **We have ONLINE BOOKING available on our website**
- Payment is due when service is provided.
- Returned cheques are subject to an NSF fee of $30.
- Unfortunately we cannot directly bill your private work insurance company.
- Arriving late for your appointment time generally results in your time being shortened and full fee being applied. ***Please try to arrive at least 5 minutes prior to your scheduled time***.
- Gift certificates for all of our services are always available at the front desk
- Should you choose to subscribe to our online newsletter you may sign up for it on our website.
- If you would like to unsubscribe to our newsletter, please reply to our email with "UNSUBSCRIBE NEWSLETTER" in the subject heading

www.basickneads.ca relief@basickneads.ca