

CONFIDENTIAL CLIENT HISTORY FORM

Lindsay Penner RMT

Last Name: _____ First Name: _____

Mailing address: _____

City: _____ Postal Code: _____

Primary phone number: _____

Email: _____

Do not list phone numbers or email addresses that you do not wish to be contacted at.

Cancellation Policy

24 hours notice of cancellation of any treatments at Muscle Matters and Body Care is required.

1st time will be a verbal warning

2nd time will be incur a 10% charge of the appointment scheduled appointment.

3rd time will require full payment of missed about BEFORE rebooking of any other appointments.

Your initials here indicate you agree to the terms of this policy _____

Please check any conditions below that apply to you.

Abdominal or digestive problems

Allergies: _____

Arthritis

Asthma or lung conditions

Athletes foot

Blood clots

Bone fractures (breaks)

Cancer/tumors

Diabetes

Fainting or dizziness

Headaches or migraines

Heart/circulatory problems

High/low blood pressure

Numbness or tingling

Painful varicose veins

Past Pregnancy Current Pregnancy

Rash or skin disorders

Stroke

Recent Surgery

Whiplash

Other conditions not listed: _____

Current medications (include natural remedies, aspirin, etc): _____

What kind of work do you do? Eg accounting, trucking, stay at home parent, etc.

Have you had a massage before?

Yes

No

Please check what type of treatment you are looking for today:

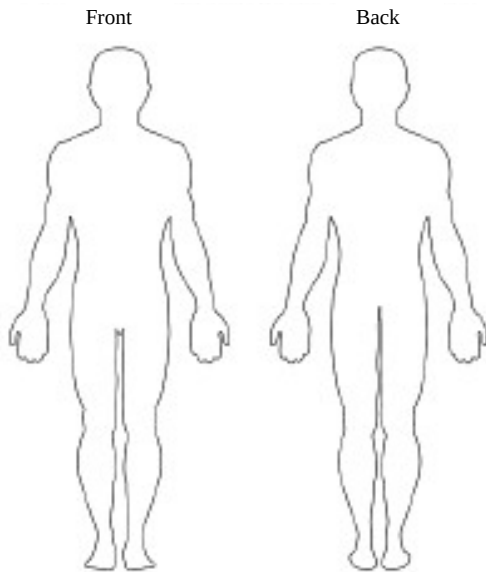
Remedial Massage (to fix a problem)

Deep Tissue

Relaxation Massage only

Both Remedial and Relaxation massage

On the following diagrams, please indicate where you are experiencing pain.



For remedial massage (to fix a problem):

Have you had any of the following for your present condition?

- Physician's examination
- X-ray
- Physio Therapy
- Acupuncture
- Chiropractor
- Remedial/Therapeutic Massage
- Reflexology

Other (state) _____

Were you referred by another health practitioner?

If yes, please provide the health practitioners contact information:

Dr's name: _____ Phone #: _____

I agree to be respectful at all times. I acknowledge that it is my responsibility to tell my therapist if I am experiencing pain, the pressure is too much or any other circumstances of which my therapist may not be aware. **I understand that failure to show up to an appointment without 24 hours notice may result in a fee that may cover the entire cost of the missed appointment.**

Signature: _____

Date: _____