

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.

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

10% service fee to cancel/reschedule within **24 hours**

30% service fee for **1st no show**

100% service fee for **2nd no show**

Will require full payment BEFORE rebooking any other appointments.

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?

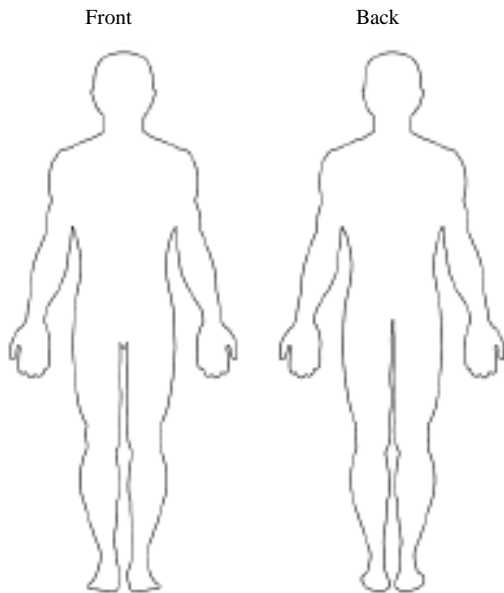
Yes

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 charge of 30% of scheduled service.**

Signature: _____

Date: _____