HEALTH STATUS FORM

support@montrealMT.com

First name: _____ Last name: _____ D.O.B. _____

Company: _____ Title: _____

Email: _____ Cell. #: _____ Emergency #: _____

R / L Handed: _____ Hours Standing / Sitting: _____ / _____

Any injuries or surgeries in the last 5 years? If Y, PLEASE EXPLAIN: _____

Currently under care - Osteo, Physio, Chiro ? If Y, LIST DATE, DURATION, TREATMENT DONE: _____

_____

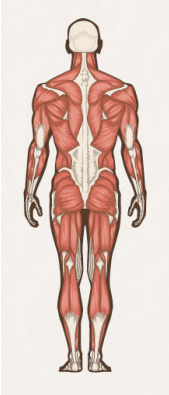
Currently taking meds? If Y, NAME OF MEDICATION: _____

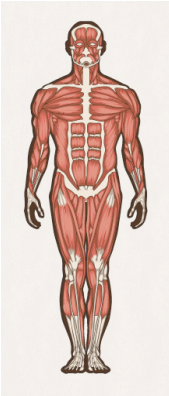
Pain Y / N? _____ If Y, intensity 1-10 : _____ Duration: _____ Frequency / day / week : _____

History of Cancer? If Y, LIST AREAS OF TUMORS, NUMBER OF LYMPH NODES REMOVED, TREATMENT RECEIVED: _____

_____

INDICATE PAINFUL AREAS





Please indicate conditions you are experiencing or have experienced

CARDIOVASCULAR

- ☐ HBP / LBP
- ☐ Hypertension
- ☐ Heart disease
- ☐ Stroke / CVA
- ☐ Pacemaker or similar
- ☐ Varicose veins*
- ☐ Blood clots*

RESPIRATORY

- ☐ Asthma
- ☐ Chronic cough
- ☐ Emphysema
- ☐ Smoker
- ☐ Shortness of breath

HEAD / NECK

- ☐ Vision problems
- ☐ Hearing problems
- ☐ Headaches: Type _____
- ☐ Neck
- ☐ Tennis elbow
- ☐ Carpal tunnel
- ☐ Frozen shoulder

SKELETAL

- ☐ Low back / Sciatic
- ☐ Upper back
- ☐ Arms R / L
- ☐ Legs R / L
- ☐ Knees R / L
- ☐ Herniated disc
- ☐ Spondylolisthesis
- ☐ Pelvic / Hip
- ☐ Other _____

INFECTIONS

- ☐ Hepatitis / TB
- ☐ HIV
- ☐ Shingles
- ☐ Plantar warts
- ☐ Athlete's foot
- ☐ Herpes

OTHER CONDITIONS

- ☐ Diabetes 1/11*
- ☐ Allergies
- ☐ ADD
- ☐ Epilepsy
- ☐ Chronic Fatigue
- ☐ Bipolar

WOMEN / MEN

- ☐ Menstrual
- ☐ Menopausal
- ☐ Kids: _____
- ☐ Pregnant - Wks _____
- ☐ Erectile Dysfunction

SKIN / SENSORY

- ☐ Psoriasis
- ☐ Bruise easily
- ☐ Acne
- ☐ Insomnia
- ☐ Anxiety
- ☐ Depression

Therapeutic Massage means gentle manipulation of skin, muscle, ligaments, soft & connective tissues, fascia & energy, with long strokes, kneed maneuvers, percussive techniques, acupressure energy release, craniosacral bio rythms, rocking & passive mobilization. Chair massage requires clients be clothed. Table massage requires clients to disrobe to their comfort level and lie under sheets. If, at any time, client is uncomfortable with pressure and / or technique, they must communicate this with therapist. A session may be stopped at any time, in the interest of client / therapist security / health reasons. Event Massage means a shortened version of the Therapeutic Massage.

To the best of my knowledge, I have presented the truth. I understand a LMT is not a doctor and will not diagnose any problems. I understand that cancellations incur charges. I have read the above and give consent for treatment.

Client Signature: _____ Guardian Signature: _____

INSURANCE RECEIPT Y / N? _____