

## Massage Therapy Confidential Health History

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (home) \_\_\_\_\_

City \_\_\_\_\_ (work) \_\_\_\_\_

Postal Code \_\_\_\_\_ Birthday \_\_\_\_\_ (cell) \_\_\_\_\_

Care Card Number \_\_\_\_\_

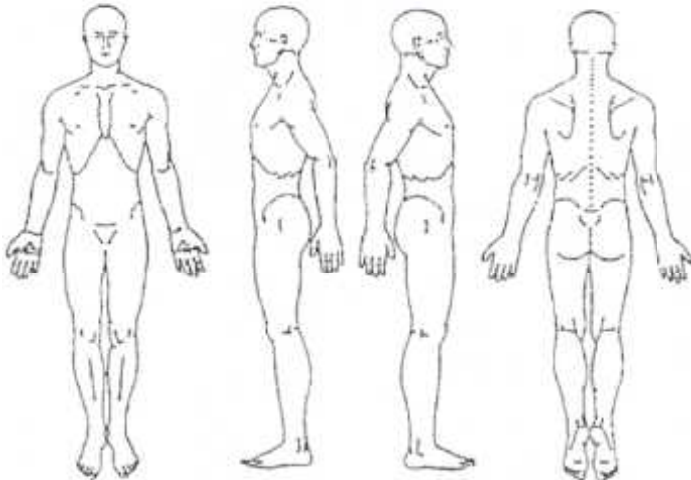
Email \_\_\_\_\_ How did you hear of our clinic? \_\_\_\_\_

Family Doctor \_\_\_\_\_ May we forward a clinical progress note to them? Yes No

Extended Health Care Provider \_\_\_\_\_ Client/Plan Number \_\_\_\_\_

Is this an ICBC/WCB claim? If Yes, Date of accident \_\_\_\_\_ ICBC/WCB claim # \_\_\_\_\_

Why are you seeking Massage Therapy today? \_\_\_\_\_



*Location of Complaint: Please use the drawing*

How intense is the pain? (make a dash along the line)

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no pain worst possible pain

Is it getting:  better  worse  constant  comes and goes

Is this interfering with your:  work  sleep  daily routine  recreation  other

How and when did this complaint begin? \_\_\_\_\_

Does anything aggravate it? \_\_\_\_\_

Does anything make it better? \_\_\_\_\_

Previous treatments, medications, and surgery you've sought for this complaint? \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Medications, and reasons for taking: \_\_\_\_\_

Previous medical conditions: \_\_\_\_\_

Previous injuries, traumas or broken bones: \_\_\_\_\_

Previous Surgeries: \_\_\_\_\_

Please list any blood-borne disease (HIV Hepatitis B etc): \_\_\_\_\_

Do you have any known allergies? \_\_\_\_\_

## Welcome to Energy Health Clinic!!

**101-2349 Millstream Rd., Victoria, BC, V9B 3R5, Phone: 250-391-8811, Fax: 250-391-8818**

Welcome to our clinic! We are delighted to have you as a new patient and we look forward to providing you with the highest quality of care. Please note that some of our patients are sensitive to perfumes and colognes.

### Current Fees

You have the option of paying cash, cheque, Interac, Visa, Mastercard or Amex. GST is included in all prices.

	Regular Fees	Package of 5
30 min	\$60	280
45 min	\$80	385
60 min	\$100	465
90 min	\$150	750

**Clinical Time includes:** Administration, Assessment, Evaluation, Treatment, and Patient Education

Subsidized rates are available with ICBC and MSP coverage.

There is no user fee for approved WCB claims.

Gift Certificates are available.

### Extended Health Coverage

Most extended health care plans cover massage therapy. Please check with your plan, as sometimes a MD referral is needed for you to be reimbursed. Sometimes we are able to **directly bill your health plan**.

Please ask the receptionist for more details.

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I permit to communication with Energy Health Clinic via email for appointment reminders.

### Policies and Consent to Treatment

Your Registered Massage Therapist will recommend a treatment program for your recovery.

If you have preferences for certain times, we suggest you schedule them in advance.

**Your appointment time has been reserved for you. In courtesy of your therapist and fellow patients, we ask that you provide us with 24 hours notice of cancellation, or a cancellation fee will be charged.**

Massage Therapy uses various techniques to manipulate the soft tissues and to encourage the healing process. Occasionally after treatment the affected tissues may feel sore. This is part of the healing process and can be alleviated by using cold compressions or soaking in an Epson Salt bath. Active communication with the therapist regarding the depth of treatment will facilitate the recovery process and minimize discomfort.

I acknowledge I have discussed, or have had the opportunity to discuss, with my Massage Therapist the nature and purpose of Massage Therapy in general and in my treatment plan, and give my consent to receive treatment.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_