



AVITA HEALTH AND MASSAGE THERAPY CENTRE

#407-1200 LONSDALE AVE.

NORTH VANCOUVER, BC V7M 3H6

604.980.4491

Welcome to Avita Health and Massage Therapy Center. Please take a moment to complete both sides of this form.

Name (First, Last) _____

Address: (Street) _____

(City) _____ (Postal Code) _____

Telephone: (home) _____ (cell) _____

E-mail: _____

Personal Health Number (PHN or Care Card Number): _____

As per the BC College of Massage Therapists, your PHN is required for RMT massage services.

Date of birth: (M/D/Y) ____/____/____ Occupation: _____

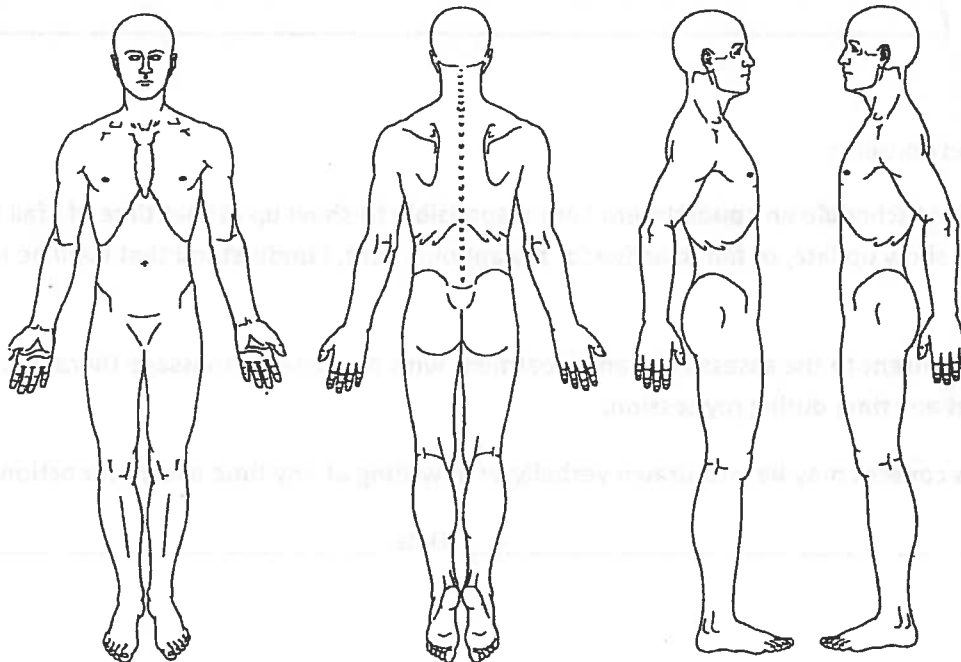
How did you find out about us? _____

Have you had a massage before? Yes No If so, where? _____

Please tell us about your needs: _____

What brings you to massage therapy? _____

Please indicate with an 'x' the areas on the figure where you are experiencing your symptoms



On a scale of 1 to 10 (1 being low and 10 being high), what is the intensity of your pain? _____

Please list all your current medications:

Please list any conditions, surgeries, and major injuries you currently have or have a history of (including dates if possible):

Medical History: *Do you have, or have you had any of the following?*

Abdominal Problems

Gastrointestinal Issues

Pelvic Pain

Asthma

High/Low Blood Pressure

Polio/Post-polio syndrome

Artificial Joint

Headaches

Psychiatric/Psychological Issues

Balance Problems

Heart Disease

Recent Weight Loss/Gain

Blurred/Double Vision

Herniated Disc

Respiratory Condition

Cancer/Family History

History of childbirth/pregnancy

Seizures

Chest Pain

Caesarean

Shortness of Breath

Concussion

Hot/Cold Intolerance

Skin Condition

Currently Pregnant

Incontinence (urinary)

Sleep Disorder

Diabetes

Nausea/Vomiting

Stroke

Difficulty Swallowing

Neurological Disorder

Ulcers

Dislocations

Numbness or Tingling

Vascular Disease

Fractures

Osteoporosis/Low Bone Density

Other: (please specify) _____

Acknowledgement and Consent:

I understand that when I schedule an appointment I am responsible to show up at that time. If I fail to cancel at least 24 hours beforehand, show up late, or fail to arrive for my appointment, I understand that I will be responsible for the entire treatment fee.

I hereby request and consent to the assessment and treatment with a registered massage therapist. I understand that I may ask questions at any time during my session.

I understand that this consent may be withdrawn verbally or in writing at any time except for actions already taken.

Signature: _____ **Date:** _____