Ian Cook R.M.T.
Spencer Myers R.M.T

Georgiaview Health and Wellness
Registered Massage Therapy

6439A Portsmouth Rd
Nanaimo, B.C. V9V 1R6
Phone- 1-250-933-4133

Initial Intake / Health History Form

Name: Date of Birth:
Home Phone: Work/Cell Phone:
Email: Occupation:
Address:
How did you hear about us?
Extended Health Insurance:

(If Yes, Please provide detail of plan, policy, primary insurer)

Please check all that apply (If yes, please list condition/type)

☐ Skin Sensitivities	☐ Depression/Anxiety	☐ High / Low Blood Pressure
☐ Allergies	☐ Diabetes (Type)	☐ Cardiovascular Conditions
☐ Hepatitis	☐ Diarrhea / Constipation	☐ Sleep Problems
☐ Arthritis (Type)	☐ Asthma	☐ Headaches (Frequency)
☐ Pins/Plates	☐ Neurological Conditions	☐ Jaw Pain
☐ Bruise Easily	☐ Fainting/Dizziness	☐ Cancer (Type)
☐ Fractures	☐ Contagious Disease	☐ Pregnancy (Due Date)
Primary Concern:		☐ Menstrual Difficuties

Conditions Not listed:

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Are you currently seeing a health care professional for any reason? If yes please list reason(s):

Are you presently on any medication? Please name them and reason for:

Have you had any serious injuries, accidents, or surgeries? Please list injury and date.

Have you received massage before? ☐ **YES** ☐ **NO** If yes, When?

Did you have any adverse reaction? ☐ **YES** ☐ **NO**

What are your goals or expectations of massage therapy treatments?

Do you presently have an open claim with ICBC? ☐ **YES** ☐ **NO**

Do you presently have an open claim with WCB? ☐ **YES** ☐ **NO**

Cancellation Policy: 24 HOURS NOTICE REQUIRED! Full payment required for late cancellations or missed appointments. Fee payable before next treatment.

Privacy Statement: With my electronic signature below I authorize the collection, use and disclosure of my personal information, as defined in the Personal Information and Privacy Act (PIPA) and as is required for treatment and/or related administrative purpose. I understand that all my personal information is confidential and will be treated as such in accordance with PIPA.

Signature: _____ Date signed: _____