ReAlign Health Clinic
2445 Eagle St. N.
Cambridge, ON N3H 4R7
(519)650-1630

Registered Massage Therapy

Health History:

The information requested below will assist us in treating you safely. Feel free to ask questions about the information being requested. Please note that all information below will be kept confidential unless allowed by you or required by law. Your written permisission will be required to release any information.

Name: _____ Date: _____

Address: _____

_____ Email: _____

City: _____ Occupation: _____

Postal Code: _____

Home Telephone: _____ **Family Physician Information:**

Alternate Telephone: _____ Name: _____

Date of Birth: _____ Address: _____

mm/dd/year Postal Code: _____

Telephone: _____

Extended Health Care Coverage: ☐ Yes ☐ No

Name of Provider: _____

Annual Benefit Amount for Massage Therapy: $ _____

Did someone refer you for Massage Therapy at our clinic? _____

Have you had massage therapy before? ☐ Yes ☐ No Frequency: _____

Reason for coming? ☐ Relaxation/Stress Reduction ☐ Pain Relief ☐ Other

What is your primary complaint? _____

Has there been a medical diagnosis? If yes, what is it? _____

Have you had any traumatic injuries? (car accidents, falls, dislocations, surgeries etc). If yes, please explain: _____

Current Medications: _____

Conditions it Treats: _____

Please check any of the symptoms you are experiencing and add any not mentioned which are significant to you. Sometimes a symptom, which seems trivial can supply a key to providing relief.

Head

- ☐ History of Headaches
  - Type: _____
  - Frequency: _____
- ☐ Injury
  - Details: _____
  - _____
- ☐ Vertigo
- ☐ Vision Loss/Vision Problems
- ☐ Jaw Pain/TMJ Dysfunction
- ☐ Sinus
- ☐ Hearing Loss or Ear Problems
- ☐ Other: _____

Respiratory

- ☐ Chronic Bronchitis
- ☐ Frequent Colds
- ☐ Chronic Cough
- ☐ Shortness of Breath
- ☐ Asthma
- ☐ Emphysema
- ☐ Other: _____
- ☐ Family History of any of the above

Women

- ☐ Menstrual Problems
  - Heavy / Painful / Light
- ☐ Pregnant / Due Date: _____
- ☐ No. of Children _____
- ☐ Miscarriage
- ☐ Menopause
- ☐ Hysterectomy
- ☐ Breast Cancer
- ☐ Other: _____

ReAlign Health Clinic
2445 Eagle St. N.
Cambridge, ON N3H 4R7
(519)650-1630

Health History Update:

For Office Use Only

1. _____ 4 _____
2. _____ 5. _____
3. _____ 6. _____

Vasculature
- ☐ Leg Cramps
- ☐ Varicose Veins
- ☐ Poor Circulation
- ☐ Phlebitis
- ☐ Raynaud's Syndrome
- ☐ Atherosclerosis
- ☐ Other: _____

Muscles/Joints
- ☐ Stiffness
- ☐ Neck Pain
- ☐ Low Back Pain
- ☐ Mid Back Pain
- ☐ Upper Back Pain
- ☐ Shoulder Pain
- ☐ Leg Pain: Left / Right
- ☐ Knee Pain: Left / Right
- ☐ Other: _____

Other Conditions
- ☐ Insomnia
- ☐ Cancer
  Where: _____
- ☐ Epilepsy
- ☐ HIV
- ☐ Allergies
  To What: _____
- ☐ Thyroid Imbalance
- ☐ Hepatitis
  Type: _____
- ☐ Psychological: _____
- ☐ Hemophilia
- ☐ Constipation
- ☐ IBS
- ☐ Crohn's Disease/Colitis
- ☐ Diabetes
  Type: _____
- ☐ Other: _____

Neurological
- ☐ Fainting Spells
- ☐ Blackouts
- ☐ Seizures
- ☐ Paralysis
- ☐ Weakness
- ☐ Numbness
- ☐ Tingling
- ☐ Tremors
- ☐ Loss of Sensation
  Where: _____
- ☐ Other: _____

Skin
- ☐ Rashes
- ☐ Sores
- ☐ Infectious Skin Condition
- ☐ Herpes
- ☐ Eczema
- ☐ Psoriasis
- ☐ Scars
- ☐ Other: _____

Presence of:
- ☐ Pins
- ☐ Wires
- ☐ Artificial Joints
- ☐ Special Equipment
- ☐ Screws
- ☐ Plates
- ☐ Other: _____

Cardiac
- ☐ Pacemaker/Similar Device
- ☐ Heart Disease/CCHF
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Hear Attack
- ☐ Stroke/CVA
- ☐ Other: _____

Arthritis
- ☐ Rheumatoid
- ☐ Osteoarthritis
- ☐ Systemic Lupus
- ☐ Psoriatic
- ☐ Reiter Syndrome

List Affected Areas:
_____
_____
_____

Family History of Arthritis
☐ Yes ☐ No

Good Sleeping Patterns
☐ Yes ☐ No

Regular Eating Habits
☐ Yes ☐ No

Current or Past Involvement with Other Practioners:

Chiropractic	☐ Yes	☐ No
Physiotherapy	☐ Yes	☐ No
Personal Trainer	☐ Yes	☐ No
Previous Massage	☐ Yes	☐ No
Acupuncture	☐ Yes	☐ No
Naturopathic/Homeopathic	☐ Yes	☐ No
Osteopathy	☐ Yes	☐ No
Other: _____	☐ Yes	☐ No

ReAlign Health Clinic
2445 Eagle St. N.
Cambridge, ON N3H 4R7
(519)650-1630

Registered Massage Therapy