



Confidential Health History Form

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An accurate health history is important to ensure that it is safe for you to receive a massage treatment. All information gathered for this treatment is confidential except as required or allowed by law. Written authorization will be required for release of any information.

In the event you cannot attend your scheduled appointment, please allow 24 hrs for cancellation notice. Failure to do so WILL result in a full treatment fee charge.

Form fields for patient information including Date, Name, Gender, Age, Birth Date, Address, City, Postal Code, Home Telephone, Workplace, ext, Cell, Email Address, Occupation, Family Physician, Phone, Emergency Contact, Relationship, Phone, How did you learn about our clinic?, Reason for Massage Treatment, What symptoms do you have?, When did they begin?, What aggravates them?, What relieves them?, Do your symptoms interfere with: work? Y / N Sleep? Y / N Daily Activities? Y / N Other, Do you have any goals for the treatment?, Current Medications & Conditions they treat:, Previous Major Illnesses, Operations/ surgeries:, Previous injuries and date:, Other Medical Conditions (e.g. mood disorders, sleep disorders, hemophilia, diabetes):, Of special notes: (presence of internal pins, wires, artificial joints, special equipment):, Are you currently receiving treatment from another health care professional? YES / NO, If Yes, who and for what condition:, Overall, how is your General Health:, Do you have any concerns about massage otherwise not mentioned in this form?

