

# Confed - Massage Intake

Confederation Chiropractic Clinic  
#20 207 Fairmont Drive  
Saskatoon, SK S7M 5B8  
(306) 978-7788

## Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hospitalization #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_

Email: \_\_\_\_\_ Would like an email reminder? Yes No

How did you find out about our clinic? \_\_\_\_\_

Reason for consulting the clinic? \_\_\_\_\_

Occupation: \_\_\_\_\_

Work name & address \_\_\_\_\_

Physician: \_\_\_\_\_ Chiropractor: \_\_\_\_\_

If the reason for today's treatment is a motor vehicle accident, please state:

SGL Adjusters name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Describe Accident: \_\_\_\_\_

Type of injury: \_\_\_\_\_

If the reason for today's treatment is a work related injury please state:

WCB Adjusters name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

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Describe Accident: \_\_\_\_\_

Have you been to a massage therapist before? **Yes** **No**

Are you under any medical supervision presently? **Yes** **No**

If yes, for what condition(s)? \_\_\_\_\_

Are you currently taking any medications (including pain killers and/or birth control)? \_\_\_\_\_

Have you had surgery? **Yes** **No**

If yes, please list: \_\_\_\_\_

do you have any allergies/sensitivities? **Yes** **No**

If yes, please explain \_\_\_\_\_

Do you have frequent headaches? **Yes** **No**

Do you have any heart conditions? **Yes** **No**

Do you have high or low blood pressure? **Yes** **No**

Do you have varicose veins? **Yes** **No**

Have you ever had cancer? **Yes** **No**

Do you have arthritis? **Yes** **No**

Do you have chronic diarrhea? **Yes** **No**

Are you pregnant? **Yes** **No**

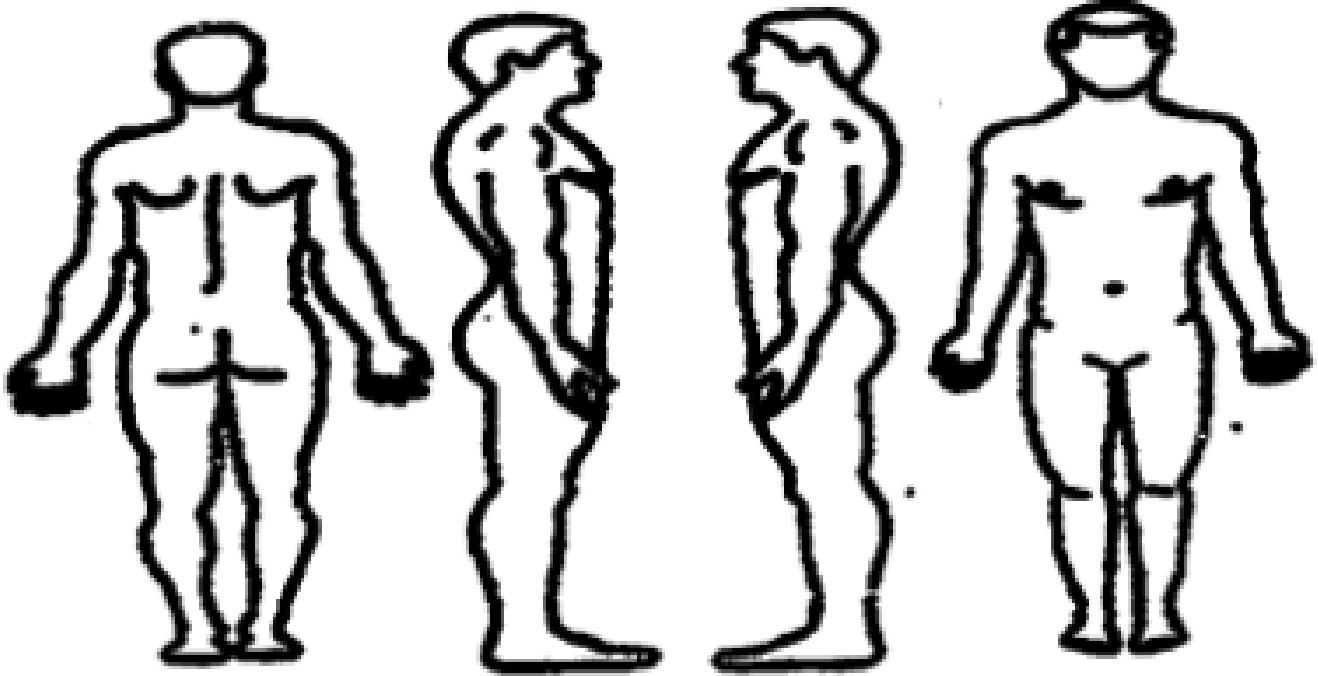
if yes, which trimester? \_\_\_\_\_

Reason for treatment today? \_\_\_\_\_

Please indicate, with the key below, your problem areas on the figure below

A= ACHE B=BURNING N=NUMBNESS P=PINS AND NEEDLES S=STABBING

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Please Read Fully before Submitting

### 24 Hour Cancellation Policy

I hereby consent and understand that the massage therapist does not diagnose illness, disease, or any physical ailment. The massage therapist does not prescribe other medical treatments or perform spinal manipulations.

Massage therapy is not a substitute for medical examinations or diagnosis and it is recommended that I see a physician for any physical ailment.

I have stated all my known conditions and if anything should change or if I cannot make my scheduled appointment, I will kindly give 24 hours notice. If I fail to give 24 hours notice I agree to pay the full amount of my treatment.

Signature