UNIVERSITY OF ALBERTA
GLEN SATHER SPORTS MEDICINE CLINIC

Kaye Edmonton Clinic, Level 2
11400 University Avenue
Edmonton, Alberta T6G 1Z1
Tel: 780-407-5160
Fax: 780-407-5667

Massage Therapy Intake Form

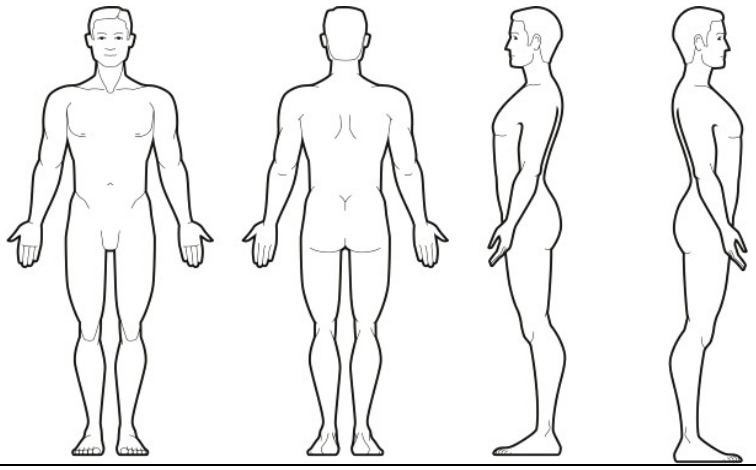
First/Last Name:_____/_____ Date of Birth (Y/M/D): _____/_____/_____

What other relevant health care treatments/services are you currently receiving?
Are you taking any medications or supplements?
List any sports, fitness activities and hobbies
What is your occupation?
If you have had massage in the past, what was your experience like?
What are the reasons for your visit today? Expectations?

Please rank the following (1=poor/low, 5=excellent)

a) Overall physical health	1	2	3	4	5
b) Physical activity	1	2	3	4	5
c) Energy level	1	2	3	4	5
d) Stress level normally	1	2	3	4	5
e) Stress level presently	1	2	3	4	5
f) Ability to relax	1	2	3	4	5
g) Ability to sleep	1	2	3	4	5
h) Happiness	1	2	3	4	5
i) Posture	1	2	3	4	5
j) Diet	1	2	3	4	5

Please circle any areas that you are experiencing soreness or problems



List any accidents (including motor vehicle), injuries or physical trauma in the past 5 years
List any surgeries in the past 5 years
List any medical implants (pins, wires, artificial joints or special equipment)
Do you have any trouble lying on your front or back? Please explain

UNIVERSITY OF ALBERTA
GLEN SATHER SPORTS MEDICINE CLINIC

Kaye Edmonton Clinic, Level 2
11400 University Avenue
Edmonton, Alberta T6G 1Z1
Tel: 780-407-5160
Fax: 780-407-5667

Massage Therapy Intake Form

As massage affects various body systems, it is important to let us know if you are or have experienced any of the following:		
☐ Headaches/migraines	☐ Osteoarthritis	☐ High blood pressure
☐ Vision Problems	☐ Rheumatoid arthritis	☐ Low blood pressure
☐ Sinus Problems	☐ Muscle cramping	☐ Heart disease
☐ Dizziness/Fainting	☐ Currently pregnant	☐ Heart attack/stroke
☐ TMJ (jaw) Problems	☐ Gynecological concerns	☐ Vein problems
☐ Ear aches	☐ Hepatitis	☐ Pacemaker
☐ Head Trauma	☐ Skin conditions	☐ Digestive disorders
☐ Chronic cough	☐ TB	☐ Diabetes:
☐ Shortness of breath while resting	☐ HIV	☐ Epilepsy
☐ Bronchitis	☐ Herpes	☐ Organ disease
☐ Emphysema	☐ Pain, stiffness, swelling:	
☐ Asthma	☐ Allergies/sensitivity:	
☐ Cancer	☐ Other:	
Additional Notes:		

Informed consent

I have informed the Massage therapist of all my relevant medical conditions and medications. I will keep my Massage Therapist updated of any changes to my health history.

The Massage Therapist explained to me and I understand:

- Why a comprehensive health history is required and I have filled it out accurately
- That I may ask questions about the information being collected
- My information is confidential and authorization is required to release
- The general benefits and contraindications of massage and what body parts will be massaged
- That draping will be used to expose only those areas I have consented to being massaged
- At any time, I may withdraw my consent and discontinue the massage
- The duration and cost of my massage
- That massage is not a substitute for medical treatment or medications
- That a Massage Therapist does not diagnose illness or disease and does not prescribe medications
- That I release the Massage Therapist and the University of Alberta from any and all liability from problems arising from normal treatment

If you have any questions about the collection and use of your personal/health information, please contact the Glen Sather Sport Medicine Clinic's Privacy Officer at 780-407-5189. Your signature below indicates you understand and comply with the above statements.

Signature:_____ Date (Y/M/D):_____