



## Edgemont Massage Therapy & Holistic Health Care Clinic

Bay # 10 - 34 Edgedale Dr. N.W.  
Calgary, Alberta, T3a 2r4  
Phone 241-3772 Fax: 241-3772

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

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

Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

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

Activities /Hobbies: \_\_\_\_\_

Are You Currently Taking Any Medication? \_\_\_\_\_

What? \_\_\_\_\_

Are you currently receiving chiropractic care or another form of medical treatment?  
\_\_\_\_\_  
\_\_\_\_\_

Have you had an accident, injury or surgery more than 5 years ago?  
\_\_\_\_\_  
\_\_\_\_\_

Have you had an accident, injury or surgery less than 5 years ago?  
\_\_\_\_\_  
\_\_\_\_\_

What is your primary reason for seeing us at our clinic?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Are you currently having any of the following conditions?

- Pregnancy
- Inflammation
- Flu/Cold
- Fever
- Infection
- Contagious Disease

What aggravates your condition?

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**Nutrition and lifestyle assessment:**

1. How much coffee do you drink per day? • Zero • 1-2 • 3-4 • 4-5 • 6+
2. How much pop do you drink per day? • Zero • 1-2 • 3-4 • 4-5 • 6+
3. How many drinks of alcohol per week do you consume? • Zero • 1-2 • 3-4 • 4-5 • 6+
4. Do you smoke? • Yes • No
5. How much do you smoke, in packs? • ¼ • ½ • ¾ • 1 • 1+
6. How often do you exercise at least 30 minutes each week? • Zero • 1-2 • 3-4 • 4-5 • 6+
7. What types of exercise do you participate in:  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you on any medications at the moment? • Yes • No  
If yes what are they:  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you feel that you get an adequate amount of sleep? • Yes • No
10. Do you feel that you are always tired? • Yes • No
11. How much water do you drink each day, glasses? • 1-3 • 4-6 • 7-9 • 10-12
12. How would you rate your diet? • Very Good • Good • Poor
13. Are you taking any nutritional supplements? • Yes • No
14. If yes, what nutritional supplements are you taking  
\_\_\_\_\_  
\_\_\_\_\_
15. Have you had massage therapy before? \_ • Yes • No \_\_\_\_\_

Other information that you feel we should be aware of:

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## Massage Therapy Permission To Treat & Information Agreement

I understand that massage is given here for the purpose of stress reduction, relief from muscular tension, spasm, or for increasing circulation or energy flow. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatments or pharmaceuticals nor do they perform spinal manipulations. It has been made clear to me that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. The primary focus of the massage therapists is treatment of musculoskeletal conditions. Therefore it is acknowledged that I waive the massage therapists of all responsibility or liability, implied or direct, as it may relate to conditions that are not musculoskeletal in nature i.e. cancer, infections, and all organic based conditions.

By signing this document, I acknowledge that I have read and understood the above statements and agree to treatment based on this document. Therefore, I intend this consent to cover the entire course of treatment for my present condition/s and for any conditions for which I may seek treatment for in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Edgemont Massage