Confidential Patient Case History

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

NAME _____ DATE _____

ADDRESS _____ PHONE (home) _____

_____ (bus.) _____

OCCUPATION _____ DATE OF BIRTH _____

EMERGENCY CONTACT name: _____ phone #: _____

PRIMARY PHYSICIAN name: _____ phone #: _____

Have you received massage therapy before? yes ☐ no ☐

Did a health care practioner refer you for massage therapy? yes ☐ no ☐

If yes, please provide their name and address: _____

_____

Are you currently receiving treatment from any other health care professional? yes ☐ no ☐

If yes, please indicate the type of treatment you are receiving: _____

What is the reason you are seeking massage therapy? _____

Please indicate conditions you are experiencing or have experienced:

Cardiovascular
- ☐ high blood pressure
- ☐ low blood pressure
- ☐ chronic congestive heart failure
- ☐ heart attack
- ☐ phlebitis/varicose veins
- ☐ stroke/CVA
- ☐ pacemaker or similar device
- ☐ heart disease

Is there a family history of any of the above? ☐ yes ☐ no

Head / Neck
- ☐ history of headaches
- ☐ history of migraines
- ☐ vision problems
- ☐ vision loss
- ☐ ear problems
- ☐ hearing loss

Women
- ☐ pregnant, due: _____
- ☐ gynaecological conditions

what: _____

Respiratory
- ☐ chronic cough
- ☐ shortness of breath
- ☐ bronchitis
- ☐ asthma
- ☐ emphysema

Is there a family history of any of the above? ☐ yes ☐ no

Other Conditions
- ☐ loss of sensation

where: _____

- ☐ allergies or hyper-sensitivity

to what: _____

- ☐ skin conditions

type: _____

- ☐ diabetes

onset: _____

- ☐ epilepsy
- ☐ cancer

where: _____

- ☐ arthritis

Infections
- ☐ hepatitis
- ☐ skin conditions

type: _____

- ☐ TB
- ☐ HIV
- ☐ herpes

Muscles / Joints

low back	☐	left / right
mid back	☐	left / right
upper back	☐	left / right
neck	☐	left / right
shoulders	☐	left / right
legs	☐	left / right
knees	☐	left / right
arms	☐	left / right

other _____

Current Medications

name	condition it treats
1	
2	
3	
4	

Do you have any other medical condition(s)? yes ☐ no ☐ _____

Do you have any internal pins, wires artificial joints or special equipment? yes ☐ no ☐ _____

Overall, how is your general health? _____

Surgery

_____ date: _____

_____ date: _____

_____ date: _____

Injury

_____ date: _____

_____ date: _____

_____ date: _____

Have you ever been under chiropractic care? yes ☐ no ☐

Are you currently seeing Dr.Listro for chiropractic care? yes ☐ no ☐

If not, would you consider a chiropractic consultation? yes ☐ no ☐

(note: there is no obligation for care)

Information For Your First Treatment

What happens before my first treatment?

On the basis of the case history you have filled out, and through physical evaluation and discussion of your needs and intentions, we will plan an effective treatment program for you.

Will I need to undress?

The work we do is most effective directly on the skin, but it is not absolutely essential if you feel uncomfortable about this. Your modesty is always protected and you will never be exposed. We will not be working on any areas you feel to be too invasive. If issues around appropriate touch arise during treatment, please communicate these concerns.

Exactly what happens during the treatment?

A therapeutic massage should always be what you intend it to be. Please do not endure anything because we are "the therapists" and you "the patient". We do not always know how you feel or what you want. During treatment it is essential that you verbally communicate pain, unusual sensations, heat or cold, areas needing greater attention, a need to change position, emotional issues, or whatever you wish. You are always in control and we will respond to what you say. The session will conclude a few minutes before the end of the scheduled period to allow for some quiet relaxation, dressing, and going over remedial exercises to be practised at home.

Are there any reactions to a therapeutic massage I can expect?

A massage should always feel good. Please communicate to me anytime it does not. The first few treatments occasionally cause a flare up of whatever brought you to therapy. This is a normal part of what is often called "the healing crisis", and you should improve once you get past it.

What is your policy on appointment cancellation and lateness?

Because your appointment is set aside specifically for you, and because each appointment represents a sizeable portion of our workday, you will be charged the full fee for missed or forgotten appointments.

Please give 24 hours notice for cancellations.

If you are late, I will try to accommodate you, but your treatment time may be shortened to maintain my schedule.

Patient Signature _____ Date _____