North Nanaimo Medical Clinic *Wellness Team*
Chantal David, Colon Therapist & Spa Therapist
Unit 195, 4750 Rutherford Road, Nanaimo, BC Canada V9T 4K6
Phone: (250) 585-7100 Fax: (250) 585-7001

Massage Therapy Intake Form

Name:_____ Date:_____

Address:_____ Postal Code:_____

Home Phone:_____ Business Phone:_____

Email:_____DOB:_____

Occupation:_____ Referred By:_____

Other Healthcare Practitioners:_____

Medications you now take:_____

Past falls or accidents:_____

Hospitalizations:_____

Do you have any of the following conditions?

____ Arthritis ____ Allergies (including oils and or/creams)_____

____ Headaches ____ Chronic pain (where?)_____

____ Pregnant ____ Due Date:_____

____ New Mother ____ Nursing

____ Varicose Veins ____ Flu or Cold ____ Fever

____ Inflammation ____ Infection ____ Contagious disease

____ Appliances (Screws, Pacemakers, etc...) _____

____ Cancer ____ Diabetes ____ Epilepsy/Seizures

____ High Blood Pressure ____ Low Blood Pressure ____ Skin Problems

____ Muscle Spasms ____ Stroke ____ Circulatory Problems

Other conditions you feel may affect your treatment:_____

Lifestyle Section

Do you exercise? _____Yes _____ No. If yes, describe your routine_____

_____

_____

Do you consume the following beverages? _____ coffee _____ colas _____ alcohol _____water

How would you describe your eating habits? _____

_____

_____

What do you hope to achieve through Massage Therapy? _____

_____

_____

_____