



**CONFIDENTIAL CASE HISTORY
MASSAGE THERAPY
FILOSOFI LASER AND MASSAGE CLINIC**

Name: _____ Male Female Date of Birth: _____

Address: _____ City/Province/Postal Code: _____

Phone number: _____ Alternate Number: _____

Email address: _____

Would you like to be signed up for Filosofi's quarterly newsletter filled with information, upcoming specials and important dates? Yes No

(Please note that your email address will never be given to a third party for any reason and will only be used by Filosofi for the purpose of our internal emails)

Occupation: _____

How did you hear about us? _____

Is this your first massage? Yes No

If no, where was your previous care? _____ RMT's name? _____

Medical Doctor's Name: _____ Doctor's Address: _____

Current Health Condition

What brings you in to see us? _____

When did it start? _____ Have you had a similar problem in the past? _____

This condition is: constant comes & goes getting worse

This condition is interfering with: work sleep daily routine sports

Have you consulted others about this condition? Yes No

If so, whom? General Practitioner Chiropractor Massage Therapist Physiotherapist Other

How long has it been since you felt good? _____

What makes your condition: Worse? _____
Better? _____

Please list all major illnesses and surgeries: _____

Please list any medications that you are currently taking: _____

Have you ever been in a car accident? _____ If yes, when? _____

Do you have any other health complaints? _____

If you are pregnant, when is your due date? _____

Please check any current conditions ("P" is past condition, "C" if current condition)

CARDIOVASCULAR

- High blood pressure
- Low blood pressure
- MI (heart attack)
- Phlebitis
- Stroke/CVA
- Angina
- Pacemaker
- Atherosclerosis
- Chronic congestive heart failure

INFLAMMATORY

- Rheumatoid Arthritis
- Osteoarthritis
- Lupus
- Reiter's Syndrome
- Scleroderma
- Polymyalgia
- Fibromyalgia
- Ankylosing Spondylitis
- Gout

RESPIRATORY

- Chronic Cough
- Bronchitis
- Asthma
- Shortness of Breath
- Emphysema
- Do you smoke?

MUSCLE PAIN AND TENSION

Neck

- right left
- front back

Shoulders

- right left
- front back

Arm

- right left
- front back

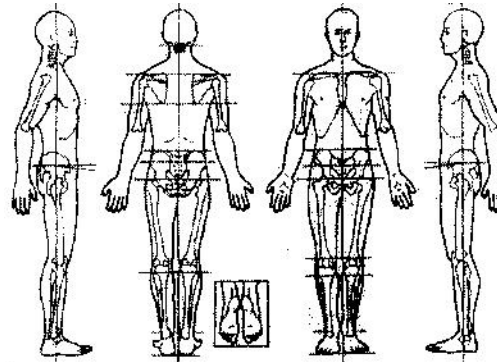
Leg

- right left
- front back

Back

- upper mid
- lower

Please indicate the areas you are experiencing pain or discomfort on the diagrams to the right.



PELVIC

- PID
- Endometriosis

DIGESTIVE

- Crohn's Disease
- Irritable Bowel Syndrome
- Colitis
- Prolonged Constipation
- Prolonged Diarrhea
- Hiatus Hernia
- Reflux
- Ulcers

NERVOUS

- Loss of Sensation
- Epilepsy
- Multiple Sclerosis
- Buerger's Disease
- Neuralgia
- Neuritis
- Spastic Paralysis
- Flaccid Paralysis

SKIN

- Rash
- Sensitivity
- Eczema
- Bruise easily
- Varicose veins
- Psoriasis

OTHER

- Cancer
- Diabetes
- Kidney Disease
- Thyroid Disease
- Insomnia
- Migraines
- Headaches
- Nausea
- Jaw Problems
- Fainting/Dizziness
- Hemophilia
- Chronic Fatigue
- Environmental Sensitivities
- Degenerated discs
- Arthritis
- Internal pins/wires
- Artificial joints

HEAD/NECK

- Ear problems
- Vertigo
- Blurred Vision
- Earaches
- Vision loss
- Sinus problems

COMMUNICABLE DISEASES

- TB
- Hepatitis
- HIV

I understand and agree that the information I have provided is accurate, current and will be confidential. If at any time there is any change to my health status I will let my Registered Massage Therapist know as soon as possible. Please go to our website www.filosofi.ca to see our complete Privacy Policy.

Signature: _____ Date: _____

Renewal Date: _____

Note: Any appointment missed or cancelled with less than 12 hours notice will be charged at the full price of the service.