Body in Mind Therapies
Massage and Movement Centre
2911C Cleveland Ave.
Saskatoon, SK S7K 8A9
(306) 715-2354

CONFIDENTIAL CLIENT HISTORY FORM - ADULT

An accurate health history is important to ensure that it is safe for you to receive massage therapy or Anat Baniel Method services. If your health status changes, please let us know. All information gathered is confidential except as required or allowed by law.

PERSONAL DATA

Name:_____ **Email:**_____ **Date (MM/DD/YYYY):**_____/_____/_____

Address:_____ **City:**_____ **Prov:**____ **Postal Code:**_____

Home Phone#:_____ **Work#:**_____ **Cell#:**_____

Birth Date (MM/DD/YYYY):_____/_____/_____ **Age:**_____ **Marital Status (circle): M S W D CL**

Occupation:_____ **Family Physician:**_____

Referred By:_____ **Hobbies:**_____

Emergency Contact:_____ **Tel#:**_____

Would you like to be added to BIMT's email newsletter for special promotions and health tips? (Please Circle) YES // NO

HEALTH HISTORY

1. **Are you presently receiving other treatment/manual therapy (Massage, Physio, Chiro, etc.)? Yes____ No ____**

   If yes, please specify: _____

   Name(s) of practitioner: _____

2. **Are you presently utilizing any type of physical aid or appliance? ie: prosthesis, mouth guard, orthotics, etc.**

   If yes, please specify_____

3. **What is your primary reason for seeking help today?**

   Please Specify: _____

4. **Do you have pain, stiffness or other symptoms in any of the following areas?**
   Please indicate from 1-10 with 10 being the worst:

Neck	_____	**Chest**	_____ **R/ L/ Centre**
Jaw	_____	**Ribs**	_____ **R / L**
Headaches	_____ **Location**_____	**Hips**	_____ **R / L**
Upper back	_____ **R/ L/ Centre**	**Legs**	_____ **R / L**
Lower back	_____ **R/ L/ Centre**	**Knees**	_____ **R / L**
Tail bone	_____	**Ankles**	_____ **R/ L/ both**
Shoulders	_____ **R/ L/ both**	**Feet**	_____ **R/ L/ both**
Arms	_____ **R/ L/ both**	**Abdomen**	_____
Elbows	_____ **R/ L/ both**	**Heart (circle): Pacemaker / Attacks**	
Hand	_____ **R/ L/ both**	**Date(s):**_____	
Wrist	_____ **R/ L/ both**	**Digestive Issues:** _____	

5. **Do you have any health concerns other than your present symptoms? Yes____ No ____**

   If yes, please explain: _____

6. **Are you presently pregnant? Yes _____ (# of weeks _____) Due date: _____**

   Do you have any pregnancy related concerns or issues? _____

7. **Are you taking any medications? Yes___ No ___ If yes, please specify reason for taking (ie: cholesterol, anxiety, etc.):**

   _____

8. Do you have trouble lying on your (circle): back // side // front or with sitting // standing // walking // stair climbing

9. What other limitations do you currently have? ie: reaching, bending, shoulder checking, etc.

List them here:_____

_____

10. Surgical Procedures:

	Approximate Date		Approximate Date
Spinal surgery	_____	**Appendix**	_____
Knees	_____	**Kidney Stones**	_____
Hips	_____	**Hysterectomy**	_____
Plates/Pins	_____	**C-Section**	_____
Gall Bladder	_____	**Other**	_____

11. Have you ever been hospitalized for any other reason? Yes____ No ____

If yes, please explain _____

12. Have you had any significant accidents or injuries? ie: motor vehicle, falls Yes____ No ____

If yes, please specify _____

_____

13. Have you been treated for any psychological concerns? ie: Depression Yes____ No ____

Do you or have you experienced anxiousness? Yes____ No ____ Panic Attacks? Yes____ No ____

14. Approximate Date of last:

Complete physical exam: _____ **Blood pressure check:** _____ **Heart exam:** _____

X-ray: _____ **MRI:** _____ **EMG:** _____ **CT Scan:** _____

INFORMED CONSENT TO MASSAGE THERAPY TREATMENT AND ANAT BANIEL METHOD LESSONS

I understand that the massage therapist or Anat Baniel Method Practitioner is providing services within their scope of practice as defined by their governing body (ie: Massage Therapist Association of Saskatchewan, Inc.).

I hereby consent for my therapist/practitioner to treat me for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my therapist/practitioner.

I acknowledge that the therapist/practitioner is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage therapy and the Anat Baniel Method are not substitutes for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I acknowledge and understand that the therapist/practitioner must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist/practitioner and disclosed to the therapist/practitioner all of those medical conditions affecting me. It is my responsibility to keep the massage therapist/practitioner updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I authorize my therapist/practitioner to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third party payers.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist/practitioner from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

Body in Mind Therapies – Massage and Movement Centre reserves the right to charge the full applicable treatment fee for missed or cancelled appointments if 24 hours notice has not been received*. Subject to change without notice.*

***** Client Signature:** _____ **Date:**_____

Client's Parent/Legal Guardian (if under 18 years old): _____

Parents and/or legal guardians of clients under 16 years of age are required to be present in the treatment room during all treatments and or consultations. NO EXCEPTIONS! Clients between 16 and 18 years of age require written consent prior to commencing treatment and or consultations.