PATIENT/CLIENT INTAKE FORM

The following information needs to be gathered in order for us to formulate a safe and effective treatment plan for you. This information will be kept confidential and cannot be released without your written consent unless obliged by law. This information may be shared amongst other health information custodians or circle of care for the purpose of your health care. Please feel free to ask any questions about the information being requested.

Last Name: _____Name:_____ Gender: M __ F __Date of Birth: _____
(mm/dd/yyyy)

For office use only
DRIVER'S LICENSE NUMBER: _____

PHOTO ID Confirmed: Y ___ N___

Address: _____ Apt: _____
City:_____Province:_____
Postal Code: _____

Home Phone: _____
Bus: _____
Cell: _____ Email: _____ Occupation: _____

Who May We Thank For Referring You To Our Care? _____
Dr, name of family member, friend, co-worker, internet, yellow pages, street sign etc.

Doctor's Name:_____
Adress:_____ Last Visit:_____
Overall General Health:_____

CURRENT MEDICATIONS:(*include topical, hormonal*)

Drug Name:	Use:
_____	_____
_____	_____
_____	_____

Do You Take Remedies Or Supplements? Y N

Special Considerations: (*pls. check any that apply*)

_pacemaker
_artificial joint(s)
_artificial valve
_artificial limb(s)
_medication patch
_crutch use
_rods, pins, wires
_cane, walker use
_chemo/drug port
_wheelchair use
_breast implants
_ other:

Have You Had A Massage Before? Yes/ No
Any Comments about your previous massage experience?_____

What Brings You In For Massage Therapy? Primary Complaint? _____

I understand that InsideOut Wellness Centre can provide courtesy notification for my appointments via text, e-mail or telephone. It is my responsibility to note the time and date of all my appointments. I understand that a minimum of 24 hours notice is required to change or cancel my appointment.

Signature:_____ Date:_____

Most services are covered by Extended Health Insurance. Please check with your benefits administrator at work.

45-3560 Rutherford Road, Woodbridge, ONT. L4H 3T8 Tel. 905-303-4622

Please turn page……..

SYSTEMS OVERVIEW
(Check any that apply)

RESPIRATORY
☐ Shortness of Breath
☐ Bronchitis/Chronic Cough
☐ Asthma
☐ Emphysema
☐ Other:
☐ Family History of above

CARDIOVASCULAR
☐ High Blood Pressure
☐ Low Blood Pressure
☐ Angina
☐ Heart Attack
☐ Congestive Heart Failure
☐ Phlebitis
☐ Varicose veins
☐ Poor Circulation
☐ Other:
☐ Family History of above

CENTRAL NERVOUS SYSTEM
☐ Epilepsy
☐ TIA/Stroke
☐ Multiple Sclerosis
☐ Parkinsonism
☐ Other:
☐ History of TIA/Stroke

INFECTIOUS CONDITIONS
☐ Hepatitis Type:____
☐ HIV/AIDS
☐ Tuberculosis
☐ Other:

SKIN
☐ Infectious conditions
☐ Warts, Herpes
☐ Eczema
☐ Psoriasis
☐ Other:

ALLERGIES
☐ Oils, Creams, Lotions
☐ Nuts
☐ Aromas, Airborne
☐ Latex
☐ Herbs
☐ Drug Allergy
☐ Other:
☐ History of Anaphylaxis

SYSTEMS OVERVIEW
(C-current; P-previous)

MUSCULOSKELETAL
☐C ☐ P Neck Problem
☐C ☐ P Shoulder Problem
☐C ☐ P Arm Problem
☐C ☐ P Wrist Problem
☐C ☐ P Hand Problem
☐C ☐ P Mid Back Problem
☐C ☐ P Low Back Problem
☐C ☐ P Hip Problem
☐C ☐ P Knee Problem
☐C ☐ P Ankle Problem
☐C ☐ P Foot Problem

☐ Altered /Loss of Sensation
Where?

☐ Arthritis
Type?
Where?
Family History of arthritis?
☐

☐ Headaches
Type?
Frequency?

SURGERIES
Year Type
1.

2.

3.

Current Complications?

INJURIES
Year Type
1.

2.

3.

Current Complications?

REGULAR EXERCISE
Type?

SYSTEMS OVERVIEW
(C-current; P-previous)

☐ Diabetes
Type?
Year Diagnosed?
Current Complications?

☐ Cancer
Type?
Year Diagnosed?

☐C ☐ P Chemotherapy
☐C ☐ P Radiation

Current Complications?

HEARING/VISION

☐ Visual Impairment
☐ Hearing Impairment

DIGESTION/URINARY

☐ Constipation
☐ Irritable Bowel Syndrome
☐ Crohn's Disease
☐ Kidney Disease
☐ Recurrent Infections
☐ Prostate Problem
☐ Other:

WOMEN

Pregnant? Due:_____
☐ High Risk Pregnancy
☐ Menstruation Issues
☐ Menopause Issues
☐ Breast Pain
☐ Breastfeeding
☐ Endometriosis
☐ Other:

OTHER HEALTH CARE

☐ C ☐ P Chiropractic
☐ C ☐ P Physiotherapy
☐ C ☐ P Naturopathy
☐ C ☐ P Psychotherapy
☐ C ☐ P Medical Specialist
☐ C ☐ P Other:

Date:_____

Update 1:_____
Update 2:_____
Update 3:_____