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.

Full Name		
Gender: Male or Female	Date of Birth (MM/DD/YYYY):	
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Address:		Apt #:
City:	Province:	Postal Code:
Occupation:		
Who may we thank for referring you to our care?		
General Health Background:		
Physician Name:		
Allergies:		
Are you currently seeing a health professional for your condition? Please explain.		
What brings you in for massage therapy? Primary complaint?		
Overall Health Status:		
Are you currently on any medications?		
Do you take any remedies or supplements? YES or NO		

Special Considerations:			
	Pacemaker		Artificial Joint(s)
	Artificial Valve		Artificial Limb(s)
	Medication Patch		Crutch Use
	Rods, Pins, Wires		Cane, Walker
	Chemo/Drug Port		Wheelchair Use
	Breast Implants		Other:

I understand that InsideOut Wellness Centre can provide courtesy notifications for my appointments via text, email 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.

InsideOut Wellness Centre is the custodian of my file. My file will only be released with a duly executed authorization form signed by me.

Client Name (Printed): _____

Client Signature: _____ Date: _____

Systems Overview (Please check all that apply):
(C – current; P – previous)

Respiratory:

- ☐ Shortness of Breath
- ☐ Bronchitis/ Chronic Cough
- ☐ Asthma
- ☐ Emphysema
- ☐ Other:
- ☐ Family History of Any Above

Cardiovascular:

- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Angina
- ☐ Heart Attack
- ☐ Congestive Heart Failure
- ☐ Phlebitis
- ☐ Varicose Veins
- ☐ Poor Circulation
- ☐ Other:
- ☐ Family History of Any Above

Central Nervous System:

- ☐ Epilepsy
- ☐ TIA/ Stroke
- ☐ Multiple Sclerosis
- ☐ Parkinsonism
- ☐ Other:
- ☐ Family History of Any Above

Infectious Conditions:

- ☐ Hepatitis Type __
- ☐ HIV/AIDS
- ☐ Tuberculosis
- ☐ Other:

Skin:

- ☐ Infectious Conditions
- ☐ Warts, Herpes
- ☐ Eczema
- ☐ Psoriasis
- ☐ Other:

Regular Exercise:

Type?

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:

Current Complications:

Injuries:

Year: Type:

Current Complications:

Allergies:

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

- ☐ 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** Nutritionist
- ☐ **C** ☐ **P** Psychotherapy
- ☐ **C** ☐ **P** Acupuncture
- ☐ **C** ☐ **P** Osteopathy
- ☐ **C** ☐ **P** Naturopathy
- ☐ **C** ☐ **P** Reiki
- ☐ **C** ☐ **P** Other: