Alpha Physical Therapy & Health Center PC Ltd.
Patient History & Informed Consent for Massage

Name		Today's Date	
Address		Birthdate	
Home Number		Occupation	
Mobile Number		Family Physician	
Email		Referring Physician	

Insurance Direct Billing

Insurance Company			
Member ID / Certificate		Plan / Policy No	
Primary Holder Name		Primary Holder Birthdate	

- I understand that the Massage Therapists is providing massage therapy services within their scope of practice as defined by the Massage Therapy Association of Saskatchewan, Inc.
- I hereby consent to my Therapist to treat me with massage therapy for the specified purposes including assessments, examinations and techniques, which may be recommended by my Massage Therapist.
- I acknowledge that the Therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorders. I clearly understand that massage therapy is not a substitute 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 treatment. I acknowledge that my 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 must be fully aware of my existing medical condition/history. I have completed my medical history form provided (on reverse) by my therapist and disclosed all of those medical conditions affecting me. It is my responsibility to keep the Massage Therapist updated on my medical history. The information I have provided is True and complete to the best of my knowledge.
- I authorize my therapist to release or obtain information pertaining to my condition(s) and/or treatment to/from my caregivers or third-party payers.
- I have read the above and 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 from time to time to deal with my physical conditions and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.
- **I AGREE TO PAY THE FULL FEE FOR MISSED APPOINTMENTS AND ALL APPOINTMENTS CANCELLED WITHOUT 12 BUSINESS HOURS NOTICE. PATIENTS WHO ARE MORE THAN 7 MINUTES LATE WILL BE CONISDERED A NO SHOW AND ASSESSED THE APPROPRIATE FEE. ALL FEES MUST BE PAID BEFORE OR AT TIME OF NEXT APPOINTMENT.**

Signature _____

Date _____

Witness _____

Turn over →

Alpha Physical Therapy & Health Center PC Ltd.
Patient History & Informed Consent for Massage

Please describe your past / present complaint:

_____

Have you ever received treatment from any of the following for the above complain?

☐ Physician ☐ Chiropractor ☐ Physiotherapist ☐ Massage Therapist

Please Explain _____

Have you been treated by a physician in the last five years for any of the following?

☐ Hypertension ☐ Digestive Disorders ☐ Heart Condition ☐ Whiplash

☐ Fainting / Dizziness ☐ Circulatory Condition ☐ Surgery ☐ Allergies

☐ Cancer ☐ Nervous Disorders ☐ Respiratory Conditions ☐ Headaches

☐ HIV / AIDS ☐ Skin Conditions ☐ Other

Please Explain _____

Have you ever been treated by any of the following in the last two years?

☐ Chiropractor ☐ Physiotherapist ☐ Massage Therapist

Name of Therapist _____

Please Explain _____

Do you have any history of the following?

☐ Headaches ☐ Abdominal Pain ☐ Upper Back Pain ☐ Arm Pain

☐ Lower Back Pain ☐ Chest Pain ☐ Eye / Ear Irritation ☐ Leg Pain

Please Explain _____

Does your immediate family have any of the following conditions?

☐ Diabetes ☐ Liver Disease ☐ Headaches / Migraines ☐ Cancer

☐ Hypertension ☐ Respiratory Conditions ☐ Heart Condition ☐ Back Pain

☐ Multiple Sclerosis ☐ Neurological Disorders ☐ Other

Please Explain _____

Are you presently taking any prescription or nonprescription medication?

Name: _____ Frequency: _____ Reason: _____

Are you Pregnant? ☐ Yes ☐ No