Priority Massage & Health
REGISTERED MASSAGE THERAPY

Physiotherapy Intake Form

Name:	Phone:(res) (bus) (cell)
Address:	City:
Postal Code:	Email:
Birthdate (mm/dd/year):	Occupation:
Family doctor name:	Permission to send medical reports to doctor?□yes □no
If under 18, parent's name and daytime phone number:	
Emergency Contact Name and Phone Number:	
Main reason for visit:	
When did this condition begin:	
Have you had x-rays, MRI, or other tests □yes □no	What tests?:
Have you had physiotherapy in the past: □yes □no When, where, and who:	
If this is a sport related injury, which sport?	
Please list all medications that you are currently taking:	
What influenced your decision to come to Priority Massage and Health for Physiotherapy?	

Do you have any of the following conditions?

□Cancer	□Diabetes	□High Blood Pressure
□Current pregnancy	□Previous stroke	□Pacemaker
□Heart condition/disease	□Heart attack	□Artificial joints
□Recent surgery	□Infectious Disease	□Circulation disorders
□Bleeding disorders	□Epilepsy	□Metal implant
□Other implants (ie. cosmetic)	□Osteoporosis	□Severe headaches
□Using blood thinners	□Severe dizzy spells	□Hepatitis A/B/C or HIV/AIDS

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Informed Consent for Treatment

Please check the appropriate boxes:

□I hereby consent to the performance of physiotherapy assessment and treatment by a registered physiotherapist at Priority Massage and Health.

□I will have the opportunity to discuss with the physiotherapist the nature and purpose of the treatment procedures. I understand that results are not guaranteed.

□I do not expect the physiotherapist to be able to anticipate and explain all risks and complications. I agree to keep the physiotherapist updated as to any changes in my medical profile and understand the physiotherapist is not liable if I do not.

□I wish to rely on the physiotherapist to exercise judgment during the course of the procedures which he/she feels are in my best interest. I understand that I am free to decline any recommended assessment or procedures. I understand that I can ask for assessment or treatment to be stopped at any time.

□I have read the above consent. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek physiotherapy treatment at Priority Massage and Health.

Date:_____

Print Name:_____

Signature:_____

Witness Signature:_____