Confidential Health History

Personal Information

Date: (YYYY-MM-DD) _____

All information should reflect past and current medical history. All personal health information will be kept confidential and never shared with a third party unless you give consent in writing. You may access your client file by written request.

First Name (PLEASE PRINT)	**Last Name** (PLEASE PRINT)	**Pronoun**	**DOB** (YYYY-MM-DD)

Address	**City**	**Province**	**Postal Code**

Height	**Weight**	**Phone #**	**Email**

Emergency Contact Name	**Relationship**	**Emergency Contact Phone #**

Infectious / contagious conditions: If you are currently (today) experiencing any potentially infectious / contagious conditions please indicate in the comments section and inform your therapist.

Comments:

Do you have allergies or hypersensitivity reactions? Yes ☐ No ☐ If "Yes", what triggers a reaction?

Do you carry an Epi Pen? Yes ☐ No ☐

Do you carry any emergency medications? Yes ☐ No ☐

General Information

Occupation:

Sports / Hobbies:

Massage Referrals: Were you referred by another health care professional? Yes ☐ No ☐ If so, by whom and for what reason?

Trauma: List any serious or lasting physical trauma

DATE	DESCRIPTION OF TRAUMA

Massage History: Is this your first massage? Yes ☐ No ☐
If no, describe your experience

Sleep Patterns: Does your sleep quality affect your daily activities? Yes ☐ No ☐ If so, describe:

Surgeries: List any major surgeries:

DATE	DESCRIPTION OF SURGERIES

Positioning: Do you have difficulty lying in a certain position? Yes ☐ No ☐ If so, describe:

Skin

- ☐ Eczema
- ☐ Psoriasis
- ☐ Contact dermatitis
- ☐ Warts
- ☐ Herpes
- ☐ Other

List any medications taken for these conditions:

Comments:

Cardiovascular

- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Stroke Date:
- ☐ Dizziness / vertigo
- ☐ Seizures
- ☐ Other
- ☐ Varicose veins (not spider veins)
- ☐ Heart attack Date:
- ☐ Chronic congestive heart failure
- ☐ Heart disease (heart valve, pacemaker or similar device)
- ☐ Phlebitis

List any medications taken for these conditions:

Comments:

Digestive

- ☐ Crohn disease
- ☐ Constipation
- ☐ Colitis
- ☐ Ulcers
- ☐ IBS
- ☐ Other

List any medications taken for these conditions:

Comments:

Muscle, Joint, & Bone

- ☐ Rheumatoid arthritis
- ☐ Scoliosis
- ☐ Fractures/sprains
- ☐ Other
- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ Wires/plates/pins

List any medications taken for these conditions:

Comments:

Neurological

- ☐ Epilepsy/seizures
- ☐ Parkinson Disease
- ☐ Other
- ☐ Multiple sclerosis
- ☐ Alzheimer

List any medications taken for these conditions:

Comments:

General Conditions

- ☐ Diabetes
- ☐ Cancer
- ☐ Hemophilia
- ☐ Fibromyalgia/chronic fatigue
- ☐ Kidney disease
- ☐ Autoimmune
- ☐ Hepatitis
- ☐ Liver
- ☐ HIV / Aids
- ☐ Other

Mental Health

- ☐ PTSD
- ☐ Stress
- ☐ Anxiety
- ☐ Other

List any medications taken for these conditions:

Comments:

Respiratory

- ☐ Asthma
- ☐ Bronchitis
- ☐ Emphysema
- ☐ Chronic cough
- ☐ Shortness of breath
- ☐ Other

List any medications taken for these conditions:

Comments:

Head & Neck

- ☐ History of headaches
- ☐ History of migraine headache
- ☐ Vision loss / condition
- ☐ Other
- ☐ Hearing loss / condition
- ☐ Dizziness / vertigo
- ☐ Whiplash

List any medications taken for these conditions:

Comments:

Gynecological

- ☐ Gynecological condition. Describe:
- ☐ Pregnancy
  Due date: _____
  High Risk Yes ☐ No ☐
- ☐ Other

List any medications taken for these conditions:

Comments:

_____ **Please initial that all applicable conditions have been noted**

The Vicars School clinic gives our students training in a real-world environment, and provides effective, affordable massage therapy treatments to members of our community. The massages offered in the Vicars Student Clinic are for the purpose of the student learning experience and part of the massage may be directed at a specific aspect of the student's current training. Our therapists and supervisors will always listen to and respect their clients, act in the client's best interest, and uphold the highest professional standards of practice.

The following have been developed to ensure the comfort and safety of clients, student therapists, and staff:

1. **Please be on time for your appointment.** Our schedule allows for a one-hour massage, with some additional time for an assessment and homecare. If you are late for your massage, we will not be able to complete a full one-hour massage.
2. **Let us know if you can't make it.** If you must cancel your massage, please advise us as soon as possible.
3. **We cannot guarantee requests for specific therapists.** Our students benefit from having a variety of clients on whom to work. Student schedules may change without notice; therefore we cannot guarantee that your massage will be with whom you booked.
4. **Do not attend your appointment under the influence of drugs or alcohol.** If it is suspected that you are under the influence, you will be asked to leave.
5. **Respect the privacy and comfort of other clients by keeping conversation to a minimum.** Sound carries very easily between curtains. Please keep your conversations with your therapist professional and at a low level, and reduce unnecessary discussion once your massage has begun.
6. **Turn off your cell phone or put it on silent.** A vibrating phone is still a distraction.
7. **Allow the supervisor to help.** The student's supervisor is required to enter the treatment area during both the assessment and massage to discuss the treatment with your student therapist and offer support. This is an essential part of the clinic experience for our students.
8. **Inappropriate language or behaviour will not be tolerated.** This includes sexual comments, inappropriate touch, sexist, racist, or other offensive language. You will be asked to leave immediately and will not be allowed to return.
9. **After the massage, please give constructive feedback.** This is a valuable learning experience for our students and they benefit from getting honest feedback. Comments on the client feedback forms do not affect a student's grade.

Clients who do not uphold the Client Code of Conduct may be asked to leave or lose future booking privileges.

By signing this waiver, I_____ acknowledge that I have read and understand the Client Code of Conduct and the Client Waiver. I understand that this information will be seen by my student therapist and by their instructors or supervisors. I understand that the practitioner is a student, and that their practice is limited to their scope of learning at this time. I understand that the student therapist does not diagnose illness, disease, or any other physical or mental disorder and that services offered today, and in the future, are not a substitute for medical care. Any information provided by the student therapist is for educational purposes only, and is not diagnostically prescriptive in nature. I release Vicars School of Massage Therapy Ltd., its students and staff from any liability, past, present and future, relating to treatment received at this clinic and from problems arising from the treatment or as a result of information not given, or incorrectly given in this health history.

PRINTED NAME (client) _____

Signed (client) _____ Date _____

Future Health History Reviews:

Reviewed & Renewed on (Date): _____ Client Signature: _____

Reviewed & Renewed on (Date): _____ Client Signature: _____

Reviewed & Renewed on (Date): _____ Client Signature: _____

Reviewed & Renewed on (Date): _____ Client Signature: _____

Reviewed & Renewed on (Date): _____ Client Signature: _____

Reviewed & Renewed on (Date): _____ Client Signature: _____

Reviewed & Renewed on (Date): _____ Client Signature: _____