Bankers Hall Club

Personal Health Information

Name: _____ Today's Date: _____ Date of Birth: _____
Primary Phone: _____ Alternate Phone: _____ Email: _____
Emergency Contact Name and Phone Number: _____
How Did You Hear About Us? _____ Occupation: _____

Health History

Are you currently under medical supervision? Yes No
If yes, please explain
_____
Please provide names of your care team currently assisting you (Physicians, Physiotherapists, Chiropractors, Naturopaths, etc):
_____
Do we have permission to consult with members of your care team? Yes No
Have you had massage therapy before? Yes No

List Current Medications (including over the counter):
_____
Past surgeries or accidents (date and description):
_____

Please check any conditions listed below that apply to you:

( ) Bursitis
( ) Arthritis
( ) Osteoporosis
( ) Scoliosis
( ) Stroke/CVA
( ) Lymphedema
( ) Pacemaker
( ) Asthma
( ) COPD
( ) TMJ
( ) Allergies

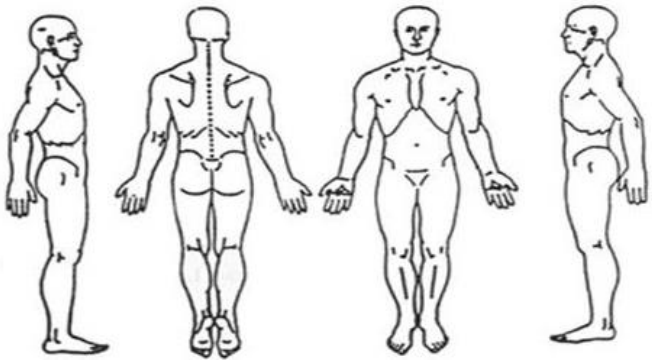
( ) Headaches
( ) Migraines
( ) Head Injury
( ) Vision Loss
( ) Hearing Loss
( ) Dizziness / Vertigo
( ) Seizures
( ) Digestive Disorder
( ) Endometriosis
( ) Varicose Veins
( ) High / Low Blood Pressure

( ) Infectious Condition
( ) Skin Condition / Rash
( ) Heart Condition
( ) Cancer
( ) Diabetes
( ) Lupus
( ) Fibromyalgia
( ) Chronic Fatigue Syndrome
( ) Anxiety / Depression
( ) Sleep Disturbance
( ) Pregnancy
If yes, how many months?

Please explain any condition that you have marked above: _____
_____
Is there anything else about your health history that your practitioner needs to know in order to plan a safe and effective treatment?
_____
_____
_____

Please indicate on the diagram:

P = PAIN
N = NUMBNESS
T = TENSION



INFORMATION:
All clients will have a consultation with the massage therapist prior to receiving their treatment. An assessment may be required to rule out any injury or dysfunction that may make treatment unsafe or require modifications. As with other forms of treatment, massage therapy may have some side effects you should be aware of; stiffness, soreness or headaches can occur following treatment. We will take every precaution to minimize these occurrences. Please notify your therapist if discomfort occurs during your appointment.

Improper and indecent language or actions will not be tolerated during your appointment and the practitioner has the right to dismiss you at any time on these grounds.

Please arrive no less than 5 minutes prior to your scheduled treatment time to allow us to begin your session on time. Please be advised that there is an 18 hour cancellation policy. This should allow adequate opportunity to provide notice of cancellation following your receipt of the automated 24 hour email reminder. This policy is in place so that our other clients have the best opportunity to attend in the event that you need to reschedule an appointment. We are also committed to our staff and ensure they are being properly compensated for their time. As such, the fee for late cancellation or not arriving for your scheduled appointment is the full cost of the service that had been scheduled. We reserve the right to process this fee to your Banker's Hall Club account, or the credit card we have on file. Extenuating circumstances will be considered on a case by case basis.

It is your responsibility to ensure we have current contact information for you. If you fail to receive an email reminder, please request a member of our staff to update your client profile.

CONSENT:

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, or prescribe. I understand that my practitioner must be informed of my health status. I have stated all of my known medical conditions and have answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I am aware that in the event that my assessment reveals a condition that indicates it would be unsafe to provide treatment to me, I will be advised by my practitioner that no treatment will occur and no fees will be charged. I also understand that the staff at Banker's Hall Club may refuse me service if I arrive under the influence of drugs or alcohol.

I understand that all practitioners at Banker's Hall Club carry valid Professional and General Liability Insurance.

By signing below I acknowledge that I understand the above and consent to treament.

Signature_____ Print_____Witness_____Date_____

INFORMATION:
Federal Privacy Act Regulations require that you are informed as to why your personal information is being obtained. Your information is being gathered for purposes of generating a confidential medical record that will remain secured. Release of your medical records (health history, treatment charts, date/length/cost of treatments, etc) to an outside party upon request will occur if you have provided written consent.

CONSENT:
I understand that my contact information will be used for the purposes described above. Additionally, by signing below I authorize contact by Banker's Hall Club, regardless of any "do not call" list I might be on.
Signature_____ Print_____Witness_____Date_____