

Welcome

“ The practice of Massage Therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function “ ... Massage Therapy Act 1991

Massage has significant physiological effects on the circulatory, muscular, lymphatic and nervous systems in the management of soft tissue conditions and pain control, and is acknowledged by practicing Physicians as a proven, valuable aid in treatment of musculoskeletal conditions.

There are possible after-effects of Massage Therapy Treatments that occur in some people. Tenderness or aching in areas that were treated may be present. If you are headache prone, Massage Therapy may trigger a headache. Feelings of fatigue, disorientation and lethargy are also common after a Massage Therapy Treatment. Deep techniques may cause bruising. These after-effects are usually minor, and last anywhere from post-treatment to 72 hours. Ice packs on achy areas for intervals of 3 minutes will help minimize any discomfort.

NOTE TO CLIENT ...

I want your informed consent. This means that I want you to understand and agree to the Treatment Plan we have discussed, the cost of treatment, and what I do with personal information I obtain from you. If you have any questions, please ask.

CONSENT FOR TREATMENT ...

“I” refers to you, the Client in the following sections.

I have discussed with my Therapist the reasons why I am seeking Massage Therapy Treatment and the necessary Treatment plan for me. I agree to receive these said Treatments. I have the right to stop, clarify and ask questions, anytime about the Treatment. The Therapist also has the right to terminate the Treatment at any time.

CONSENT for the COST of SERVICES ...

Payment for service is required at the end of each Treatment, unless another arrangement has been made. **Most extended health care plans cover Massage Therapy.** In some cases, services may be billed thru a third party (ie. WSIB, Auto Insurance). If for some reason those services are not paid, you, the Client, are responsible for the balance owing.

Your Massage Therapy appointment is reserved for you alone, and your Therapist requires a minimum of 12 hours notice for re-scheduling/cancellation of appointments.

If sufficient notice is not received or you miss your scheduled appointment, you will be charged \$45.

Your Therapist has provided you with a telephone number to call with voicemail for your convenience for re-scheduling/canceling appointments.

CONSENT FOR PERSONAL INFORMATION ...

I understand that to provide me with a safe and affective Massage Therapy Treatment, my Massage Therapist must collect some personal information about me. (health history , home address etc.)

I understand that upon request I can review the Privacy Policy from Karla Ryan-Bodnar, RMT. I understand the collection, use and disclosure of personal information. I also understand that steps have been taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policy and they have been answered to my satisfaction. I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments. I agree to my Massage Therapist collecting, using and disclosing personal information about me as set out above and in the Privacy Policy --- Karla Ryan-Bodnar, RMT has provided me.

DATE : _____

SIGNATURE: _____

HEALTH HISTORY FORM

The information request below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidentially unless allowed or required by law. Your written permission will be required to release any information.

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ POSTAL CODE: _____
CITY: _____ BEST PHONE # TO REACH YOU AT: _____

Have you received Massage Therapy before: yes ___ no ___

Why are you seeking Massage Therapy today? (Please indicate area of muscle/joint discomfort)

MEDICATIONS: (Please indicate all medications you are currently taking and what conditions they are treating)

SURGERY: (Please indicate all surgeries you have undergone and the year they occurred)

CARDIOVASCULAR CONDITIONS (ex. High blood pressure, Heart Attack, Stroke, Pacemaker, Heart Disease etc.)

No ___ Yes ___ If yes, please explain

RESPIRATORY CONDITIONS (ex. Asthma, Emphysema, Chronic Cough, Bronchitis, Shortness of Breath, COPD ...etc.)

No ___ Yes ___ If yes, please explain

INFECTIONS (ex. Hepatitis, HIV, Herpes, TB, Skin Conditions etc.)

No ___ Yes ___ If yes, please explain

MEDICAL CONDITIONS (ex. Diabetes, Epilepsy, Cancer, Arthritis, Allergies, Loss of Sensation, Mental Illness, Hemophilia, Digestive Conditions, Osteoporosis... etc.)

No ___ Yes ___ If yes, please explain ...

** WOMEN ... Pregnant ? ___ Due Date: _____

Do you have any artificial joints, internal pins, wires or special equipment ? _____

PLEASE SIGN & DATE PRIVACY POLICY and CONSENT FORM ON OTHER SIDE OF THIS PAGE

OFFICE POLICY

MISSED APPOINTMENT & CANCELLATION FEES

A fee will be charged to your account for ALL missed appointments.

Fees are as follows ...

MISSED APPOINTMENTS :

30 min. Massage Therapy Appointment	\$45
45 min. Massage Therapy Appointment	\$45
60 min. Massage Therapy Appointment	\$45
90min. Massage Therapy Appointment	\$90
120 min. Massage Therapy Appointment	\$90

CANCELLATION FEES :

POLICY : We require 12 HOURS NOTICE for cancellation of your appointment. If less than 12 hours is given, your account will be charged (see fees above) UNLESS the appointment is filled but this is NOT guaranteed.

Signature : _____

Date: _____