Profile Information — Step 1 of 5

You are completing the following intake forms: Massage Therapy Intake Form

You are filling out an intake form for

Patient Name

Please take a moment to fill out our online intake form before your visit. All information is kept completely confidential.

Only staff members can edit this information on an intake form.

First Name – *Required*

Last Name – *Required*

Email – *Required*

Preferred Name (if different)

Pronouns

Please provide at least one phone number. Your mobile number can be used to look up your Account.

Home Phone

CA

Mobile Phone

CA

A mobile phone is required if you would like to receive SMS appointment reminders.

Street Address – *Required*

Suite Number (i.e. Suite #100)

City – *Required*

Province – *Required*

Select a Province...

Country – *Required*

Canada

Postal Code – *Required*

Date of Birth – *Required*

Month

Select a month...

Day

XX

Year

XXXX

Gender

Sex

Select an option...

Personal Health Number

Guardian

Emergency Contact

Emergency Contact Phone

Emergency Contact Relationship

Family Doctor

Family Doctor Phone (if known)

Family Doctor Email (if known)

Name of Referring Professional

Referring Professional Phone (if known)

Referring Professional Email (if known)

How Did You Hear About Us?

Select an option...

Who Were You Referred To?

Select an option...

Credit Card Information — Step 2 of 5

You are completing the following intake forms: Massage Therapy Intake Form

Add a credit card

Partners In Health Chiropractic and Massage Therapy requires that you put a card on file for contactless payments. This helps keep both you and us safe, as well as spend more time with you, rather than taking a payment after your session.

Card number

1234 1234 1234 1234

Expiration date

MM / YY

Security code

CVC

☐ **I am aware of the Cancellation Policy.**

Read Cancellation Policy

Insurance Information — Step 3 of 5

You are completing the following intake forms: Massage Therapy Intake Form

Your insurance policy

Please note we can only bill your primary insurance.

Insurer

Select an insurer

Questionnaires — Step 4 of 5

You are completing the following intake forms: Massage Therapy Intake Form

Massage Therapy Intake Form

Medical Information*

- [ ] Heart Attack
- [ ] High/Low Blood Pressure
- [ ] Stroke or Aneurysm
- [ ] Pace Maker
- [ ] Other Heart Conditions
- [ ] Varicose Veins
- [ ] Bruise Easily
- [ ] Other Circulatory Condition
- [ ] Diabetes
- [ ] Kidney Disease
- [ ] Other Urinary Condition
- [ ] Headaches / Migraines
- [ ] Dizziness / Fainting
- [ ] Nausea
- [ ] Spinal Injury
- [ ] Head Injury
- [ ] Epilepsy / other Seizures
- [ ] Other Neurological Condition
- [ ] Asthma
- [ ] Chronic Sinusitis
- [ ] Other Respiratory Condition
- [ ] Irritable bowel / Colitis
- [ ] Digestive Condition
- [ ] Skin Condition
- [ ] Joint Dislocation
- [ ] Bone Fracture
- [ ] Arthritis
- [ ] Osteoporosis
- [ ] Rods / Pins / Plates / Shunts
- [ ] Implants
- [ ] Transplants
- [ ] Corrective Lenses / Contacts
- [ ] Cancer
- [ ] Hepatitis
- [ ] HIV
- [ ] Other Contagious Condition
- [ ] None of the above

Note

Please take a moment to fill out the intake form before your first visit.

It is a Provincial requirement for the therapist to have the information contained in this form.

If you are a current customer/patient, please take a look at the consent section of these forms as they have changed to reflect recent changes suggested by the RMT Assoc. of BC.

All information is kept completely confidential and held only on Canadian servers.

Please make sure to have all information entered correctly BEFORE submitting. Depending on the web browser you are using to fill in this form, you may only have 10-15 mins before you are timed out and may have to re-enter the information previously entered. Please set aside some time to fill out this form in its entirety.

Other Condition(s) not mentioned above:

Please list any medications you presently take:*

Known Allergies:*

Occupation*

Other Therapy/ Treatments used in the past or present:*

- [ ] Massage Therapy
- [ ] Chiropractor
- [ ] Physiotherapy
- [ ] Naturopath
- [ ] Acupuncture
- [ ] Other

Describe your primary complaint:*

How long have you had this complaint for?*

How did it start?*

What aggravates it?*

What relieves it?*

Range / Scale

0 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10

Previous major injuries, surgeries, hospitalizations, etc:*

Massage Therapy - Cancellation Policy: Patients are expected to provide the clinic or practitioner a minimum 24 hours notice to cancel an appointment (keeping in mind Sundays and Stat holidays there is no front desk staff). When a cancellation is made with under 24 hours' notice or an appointment is missed without any notice to or contact of the clinic patients will be subject to the full price of their scheduled appointment. If a cancellation occurs due to sickness within 24 hours and we are able to fill the appointment time from our waitlist, this fee may be waived. Likewise, if an appointment is missed under extenuating circumstances the fee may be waived, but this is at the practitioner's discretion. If multiple appointments are missed in a row without any contact with the clinic or if the missed appointment fee is not paid in a timely manner all future appointments will be canceled until the issue is resolved. Following this policy is showing respect for your practitioner's time and the needs of other patients who are in need of treatment.*

- [ ] **I understand**

Reminder:

Your massage therapy appointment includes, an assessment (to determine the treatment is safe and therapeutically necessary), the establishment of the treatment plan, time to change, hands-on treatment, reassessment, and home care. It may also include

therapeutic exercise if the assessment determines this is therapeutically appropriate. When you schedule a 60-minute appointment it does not mean 60 minutes of hands-on treatment.

Consents — Step 5 of 5

You are completing the following intake forms: Massage Therapy Intake Form

Communication

Appointment Notifications and Reminders

Email

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

- [ ] **I would like email notifications of new, cancelled, and rescheduled appointments**
- [ ] **Email 2 days before appointment**

Text Message (SMS)

Standard messaging & data rates may apply, messaging frequency can vary and you can update your preferences anytime.

- [ ] **Text Message (SMS) 24 hours before appointment**
- [ ] **Text Message (SMS) 2 hours before appointment**

News and Special Promotions

- [ ] **Yes, I would like to receive news and special promotions by email**

Massage Therapy Intake Form — Consents

Accuracy of Information *– Required*

- [ ] **I certify that the above medical information is correct to my knowledge.**

Privacy and Sharing of Information *– Required*

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

☐ **I agree**

Cancellation policy *– Required*

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee to the card on file.

☐ **I am aware of the Cancellation Policy.**

Submit Intake Form

↑ Scroll to top