Date;_____

Date:_____

Date:_____

Date:_____

Client Case History

Georgetown Naturopathic Wellness Center

Name: _____

Address: _____ Unit #:_____

City: _____ Province: _____ Postal code: _____

Phone (Home) _____ (Work)_____(Cell) _____

Email: _____

Date of Birth: _____ Weight: _____ Height: _____

Occupation: _____

Family Doctor:_____ Address: _____

Emergency contact: _____ Phone Number: _____

Activities: _____

What brings you for massage and acupuncture? ____ Stress ____ Relaxation ____ Pain ____ Injury

What are you Primary Complaints? _____

How long have you experienced this? _____

Do you know what has caused this? _____

Is this reoccurring from work or lifestyle? _____

What have you done to help the complaint? _____ (ex. ice, heat, physio)

Are you currently taking any medications (including supplements and over the counter medication)?
____Yes ____ No

Please list all surgery/injuries in the past:

1. Type_____ Date_____ Symptoms_____
2. Type_____ Date_____ Symptoms_____
3. Type_____ Date_____ Symptoms_____
4. Type_____ Date_____ Symptoms_____

Where/How did you hear of Georgetown Naturopathic Wellness Center? _____

See next page

Health History Check List

Cardiovascular
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Heart attack
- ☐ Heart disease
- ☐ Stroke / CVA
- ☐ Pacemaker or similar device
- ☐ Varicose veins

Respiratory
- ☐ Chronic cough
- ☐ Shortness of breath
- ☐ Bronchitis
- ☐ Asthma
- ☐ Phlebitis
- ☐ Smoking
- ☐ Emphysema

Head/Neck
- ☐ Vision problems
- ☐ Vision loss
- ☐ Ear problems
- ☐ Hearing loss
- ☐ Headaches

Type: _____

Soft tissue/joint
- ☐ Neck
- ☐ Low back
- ☐ Mid back
- ☐ Upper back
- ☐ Shoulders
- ☐ Arms R / L
- ☐ Legs R / L
- ☐ Knees R / L
- ☐ Other_____

Women
- ☐ Menstrual problems
- ☐ Menopausal
- ☐ Children: #_____
- ☐ Pregnant

Due date: _____

Skin
- ☐ Skin conditions
- ☐ Skin irritations
- ☐ Bruise easily

Infections
- ☐ **Hepatitis**
- ☐ **TB**
- ☐ HIV
- ☐ Plantar warts
- ☐ Other_____

Other Conditions
- ☐ Loss of sensation
- ☐ Cancer
- ☐ Arthritis
- ☐ Diabetes
- ☐ Allergies
- ☐ Epilepsy
- ☐ Other_____

All information will be kept confidential.

Signature: _____

INFORMED CONSENT

Massage Therapy is a viable health care option that helps alleviate the soft tissue discomfort associated with occupational stress, muscular overuse and many chronic pain and stress scenarios. We focus on promoting health; preventing injuries and helping individuals attain and maintain the highest levels of wellness possible.

The massage therapist respects the clients' right to an informed and voluntary consent regarding care and treatment and to obtain consent of the client before providing treatment.

Your comfort and trust in our clinic is very important in providing an optimal client/therapeutic relationship.

Treatment will be provided only when there are reasonable expectations that it will be advantageous to the clients' condition.

Before, during or after therapy, we encourage you to communicate to the therapist about any aspect of the treatment.

Proper draping is always provided to ensure safety, comfort and privacy for all clients. Clients are asked to disrobe in privacy and prepare themselves on the table. You may choose to remove or leave on clothing according to your own comfort level.

The massage therapist respects your right to modify, refuse or terminate treatment, regardless of prior consent given.

The Georgetown Naturopathic Wellness Centre respects the confidentiality of all client information unless disclosure is required by law or by order of court.

Information will not be released otherwise, unless client consent is given in writing.

I, _____ have read the above and understand my rights to consent to treatment.

_____ _____

Signature Date

INFORMED CONSENT FOR ACUPUNCTURE

Please Read Carefully

I, the undersigned, do hereby give my voluntary consent for the administration of medical acupuncture and other ancillary techniques as deemed appropriate by my treating therapist.

Acupuncture has been explained to me as a therapeutic treatment performed by the insertion of **single use, sterile, disposable needles**. The needles are inserted through the skin, into the underlying muscles and tissues at specific points on the body for the purpose of alleviating pain, relieving pressure on nerves, improving mobility and re-establishing normal function.

Ancillary techniques of acupuncture may include one or more of the following:

- *Electro-acupuncture* – where the needles are electrically stimulated at various frequencies to increase the therapeutic benefit.
- *Dry needling* – where muscles are briefly needled by an acupuncture needle, held in a needle holder, to release trigger points and spasms.
- *Cupping* – where suction cups are applied to specific points or regions of the body.

I understand that there is a possibility of temporary complications which result from the above listed procedures, which include, but not limited to, minor bleeding, bruising, soreness, nausea, weakness, fatigue, fainting or aggravation of existing symptoms for a short time. On the rare occasion, an individual may experience an infection, convulsion or stuck needles.

I further state that the following **do not** exist in my current state of health and I will immediately notify the practitioner of any changes:

*Pregnancy	*Local Infections	* Pacemaker
*Anticoagulants	*Bleeding Disorders	*Elevated Risk of Infections

I do not expect the acupuncture practitioner to be able to anticipate and explain all possible risks and complications. I wish to rely on the therapist to exercise proper judgment during the course of the treatment to make decisions based upon my best interests.

I accept the fact that there is no guarantee of the effectiveness of the treatment.

I am aware that I may withdraw this consent and discontinue treatment at any time.

I hereby certify that I have read the above information and have had my questions answered to my satisfaction. By signing below, I agree to the above-mentioned acupuncture procedures.

_____	_____	_____	_____
Date	Patient Name (Print)	Patient Signature	Therapist