



Quinte Massage Therapy • Bay View Mall
470 Dundas Street East Unit 50 | Belleville ON K8N 1G1
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Confidential Case History

Name: Date:
Address: Update:
Postal Code: Phone:
E-mail: Work Phone:
Consent to e-mail updates and notifications Date of Birth:

Current involvement in treatment with other practitioners: Occupation:
Doctor: Physiotherapist:
Address:
Chiropractor: Naturopath:
How did you hear about us? Who may we thank?
Have you ever had a massage? How did you respond to your massage?
Did you have any reactions to lotions used?

General Health:

Primary Complaint: For how long?
What aggravates it? What relieves it?
Type of pain: Radiating Sharp/Stabbing Aching Constant Other
Any loss of sensation? Have you had any surgeries?
Date:
Do you have any internal pins, wires, artificial joints, etc? Do you have any visual or hearing impairments?
Do you have any past or present conditions of cancer? Are you currently taking any medications?
Cancer, type: If yes, please state what they are and the reason:

Skin Conditions: Rashes Acne Warts Eczema Allergies Moles Athlete's Foot
Skin Sensitivities Other:

Musculoskeletal: History of headaches or migraines Family history of Arthritis: Rheumatoid Osteoarthritis
Tendonitis Where?

- Strains/Sprains Where? _____
- Spasms/Cramps Where? _____
- Joint Stiffness/Swelling Where? _____
- Bursitis Where? _____
- Jaw Pain/TMJ Where? _____
- Bone of Joint Disease Where? _____
- Carpal Tunnel Herniations Thoracic Outlet Syndrome Prolapsed Disc
- Other: _____

Cardiovascular/Circulatory:

- Dizziness/Fainting Heart Disease History of Myocardial Infarction
- High Blood Pressure Low Blood Pressure History of Cerebrovascular Accident
- Angina Stroke Phlebitis/Varicose Veins
- Pacemaker or other device Hemophilia Aneurysms
- Family history of cardiovascular difficulties: _____

Respiratory:

- Chronic Cough Asthma Bronchitis Emphysema
- Shortness of Breath Sinus Problems
- Family history of respiratory difficulties: _____

Nervous System:

- Numbness/Tingling Parkinson's Disease Sleeping Disorders Multiple Sclerosis
- Fatigue Fibromyalgia Herpes/Shingles Epilepsy
- Chronic Fatigue System Other: _____

Reproductive and Digestive System:

- Are you pregnant? _____ When are you due? _____
- Diabetes Constipation Irritable Bowel Syndrome Diarrhea
 - Crohn's Disease Ulcers
- Please list any other diagnosed gynecological or digestive conditions: _____

Infectious Conditions:

- Infectious Skin Conditions HIV Tuberculosis Herpes
- Hepatitis Infectious Respiratory Conditions: _____

Massage therapy is a holistic approach to maintaining a healthy lifestyle. Your treatment may include any of the following body parts: back, arms, hands, gluteals, legs, feet, neck, face, scalp. If there are any areas of the body you do not wish to have massaged, please specify: _____

The therapist only undrapes the body part being treated and then promptly redrapes the area following treatment. It is within your right to stop or alter the treatment plan at any time throughout the duration of your treatment. The therapist will go over your treatment plan with you prior to treatment.