

# PROMEDMA Clinic

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780-468-6878  
info@promedma.com

Date: \_\_\_\_\_

## MESSAGE THERAPY PATIENT INFORMATION

Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: (C) \_\_\_\_\_  
Date of Birth M/D/Y: \_\_\_\_\_  
Physicians name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other health care practitioner's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Treatment types received/reason: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone no: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Email Address for appointment reminders: \_\_\_\_\_  
Employer and Occupation: \_\_\_\_\_  
Benefits Provider: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Have you had Massage Therapy before, if so when: \_\_\_\_\_  
Allergies: \_\_\_\_\_

## PATIENT HISTORY

Medications: \_\_\_\_\_  
Injuries: \_\_\_\_\_  
Surgeries: \_\_\_\_\_  
Primary Complaint: \_\_\_\_\_  
Is this a work related injury, WCB claim? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, Have you reported this to your Physician and WCB, Date of injury, and what happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is this a MVA (Motor Vehicle Accident) YES \_\_\_\_\_ NO \_\_\_\_\_ Date of MVA \_\_\_\_\_  
Claim # \_\_\_\_\_ Adjuster Name and phone # \_\_\_\_\_  
\_\_\_\_\_

**PATIENT HISTORY PLEASE  
CHECK OFF ANY CONDITIONS THAT APPLY  
TO YOU**

**HEADACHES**

- Chronic Daily Headache
- Cluster
- Headaches
- Migraines
- Rebound
- Sinus
- Tension

**BLOOD**

- Anemia
- Bleeding Disorder
- Haemophilia
- Hepatitis
- HIV
- HIV/AIDS
- Hypercoagulability
- Polycythemia
- Thrombosis/Embolism

**CARDIOVASCULAR**

- Acute Coronary Syndrome
- Aneurysm
- Atherosclerosis
- Blood Clots-current\_\_\_\_\_ past\_\_\_\_\_
- Cardiac Arrhythmia
- Cardiovascular Accident
- Cardiovascular Conditions
- Chronic Ischemic Heart Disease
- Chronic Venous Insufficiency
- Cold Feet-left\_\_\_\_\_ right\_\_\_\_\_
- Cold Hands-left\_\_\_\_\_right\_\_\_\_\_
- Congenital Heart Defect
- Congestive Heart Failure
- Coronary Artery Disease
- Heart Attack-when\_\_\_\_\_
- Heart Disease
- High Blood Pressure
- Hyperlipidemia
- Low Blood Pressure
- Lymphedema
- Myocardial Infarction
- Pacemaker
- Pericarditis
- Phlebitis
- Raynaud Disease
- Rheumatic Heart Disease
- Valve Disorders
- Varicose Veins

**EMOTION & MEMORY**

- Alzheimer Disease
- Anxiety Disorder
- Mood Disorder
- Schizophrenia
- Stress
- Substance Use Disorder

**ENDOCRINE**

- Acute Pancreatitis
- Diabetes-Type\_\_\_\_\_
- Hyperthyroidism
- Hypothyroidism
- Pituitary and Growth Disorder

**GASTROINTESTINAL**

- Celiac Disease
- Constipation-current\_\_\_\_\_ past\_\_\_\_\_
- Crohn's Disease
- Diarrhea-current\_\_\_\_\_past\_\_\_\_\_
- Digestive Conditions
- Diverticulitis
- Eating Disorder
- Esophageal Disorder
- Fecal Impaction
- Intestinal Polyps
- Irritable Bowel Syndrome
- Poor Appetite
- Stomach Disorder
- Ulcerative Colitis

**HEARING**

- Conductive Hearing Loss
- Ear Problems
- Hearing Loss
- Meniere Disease
- Motion Sickness
- Loss of balance
- Tinnitus
- Vertigo

**IMMUNE**

- Allergies-To what\_\_\_\_\_
- Anaphylaxis
- Cancer-current\_\_\_\_\_past\_\_\_\_\_
- Hodgkin Lymphoma
- Infectious Mononucleosis
- Leukemia
- Lupus
- Non-Hodgkin Lymphoma
- Rheumatoid Arthritis

**KIDNEY**

- Bladder Disorder
- Chronic Kidney Disease
- Congenital Kidney Disease
- Electrolyte Imbalance
- Kidney Stones-current\_\_\_\_\_ past\_\_\_\_\_

- Renal Cysts
- Urinary Incontinence
- Urinary Tract Infection

**MUSCULOSKELETAL**

- Amyotrophic Lateral Sclerosis (ALS)
- Ankylosing Spondylitis
- Arthritis
- Artificial Joints/Special Equipment
- Bone Disease
- Compartment Syndrome
- Dislocation
- Fibromyalgia
- Fracture-when \_\_\_\_\_  
where \_\_\_\_\_
- Gout Left \_\_\_\_\_ Right \_\_\_\_\_
- Hereditary/Congenital Deformity
- Jaw Pain (TMJD)
- Joint Injury-when \_\_\_\_\_  
where \_\_\_\_\_
- Muscular Dystrophy
- Myasthenia Gravis
- Osgood-Schlatter Disease
- Osteoarthritis
- Osteomalacia
- Osteoporosis
- Paget Disease
- Psoriatic Arthritis
- Scleroderma
- Scoliosis
- Sinus Problems
- Strain/Sprain-when \_\_\_\_\_  
Where \_\_\_\_\_

**NEUROLOGICAL**

- Brain Disorder
- Brain Injury
- Burning-where \_\_\_\_\_
- Cerebral Palsy
- Cerebral Vascular Accident (Stroke)
- Chronic Pain Disorder
- Dizziness
- Epilepsy
- Herniated Disc-where \_\_\_\_\_
- Huntington Disease
- Loss of Sensation-where \_\_\_\_\_
- Multiple Sclerosis
- Numbness- where \_\_\_\_\_
- Parkinson's
- Seizure Disorder
- Shingles-current \_\_\_\_\_ past \_\_\_\_\_
- Stabbing-where \_\_\_\_\_
- Stroke-when \_\_\_\_\_
- Tingling-where \_\_\_\_\_
- Transient Ischemic Attacks (TIA)

- Vertebral and Spinal Cord Injury-When \_\_\_\_\_

**REPRODUCTIVE**

- Breast Disorder
- Ectopic Pregnancy
- Endometriosis
- Gynaecological Conditions
- Menopause
- Menstrual Cycle Disorder
- Ovarian Cysts/Tumors
- Pelvic Inflammatory Disease
- Pregnancy-how many \_\_\_\_\_  
# of children born \_\_\_\_\_
- Premenstrual Syndrome
- Uterine Disorder

**RESPIRATORY**

- Asthma
- Bronchitis
- Chronic Cough
- COPD
- Cystic Fibrosis
- Emphysema
- Infectious Respiratory Conditions
- Respiratory Conditions
- Respiratory Tract Infection
- Shortness of Breath

**SKIN**

- Acne
- Allergic Dermatitis
- Athlete's Foot
- Bruise Easily
- Chemical Burn
- Herpes
- Hypersensitive Reactions
- Infectious Skin Conditions
- Melanoma/Carcinoma
- Pigmentary Disorder
- Planter's Wart Left \_\_\_\_\_ Right \_\_\_\_\_
- Psoriasis
- Rash- Where \_\_\_\_\_
- Rosacea
- Skin Conditions
- Skin Irritations
- UV Burn- current \_\_\_\_\_ past \_\_\_\_\_

**MISCELLANEOUS**

- Insomnia
- Mental Illness
- Other Diagnosed Diseases \_\_\_\_\_
- Other Medical Conditions \_\_\_\_\_
- Surgical Pins or Wire-where \_\_\_\_\_
- Vision Loss
- Vision Problems

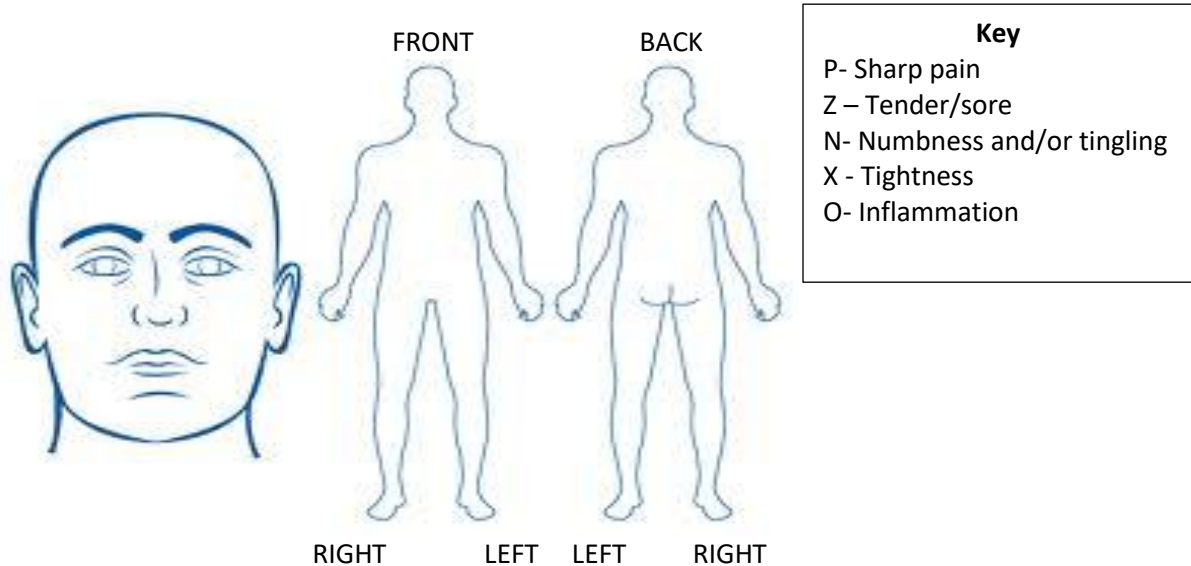
**Family History**

- Arthritis

○ Cardiovascular

○ Respiratory

Please indicate on diagram where you are experiencing any soreness, problems or concerns.



\*Please note that creams used for massage therapy treatments may contain nut and/or fish products. If you have allergies to nuts or fish please notify the clinic and RMT prior to treatment so alternative creams can be used. Please initial that you have read the above statement: \_\_\_\_\_

\*I understand that any illicit, sexually suggestive or inappropriate remarks made by me will result in immediate termination of the session and I will be liable for payment of the full scheduled appointment.

\*I have informed the Massage Therapist of all my known physical conditions, medical conditions, medication and I will keep the Massage Therapist updated on any changes to my health prior to any treatments.

\*As well I understand the Massage Therapy is NOT a substitute for medical treatments or medications and that I will continue to work with my Primary Caregiver for any conditions I may have.

\*I also understand the Massage Therapists DO NOT diagnose illness or disease and will NOT prescribe any medications to me.

\*I give Promedma and/or the RMT permission to contact my physician to discuss any concerns the RMT may have with muscular conditions I present. YES \_\_\_\_\_ NO \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*No tipping at PROMEDMA. Thank you for your understanding