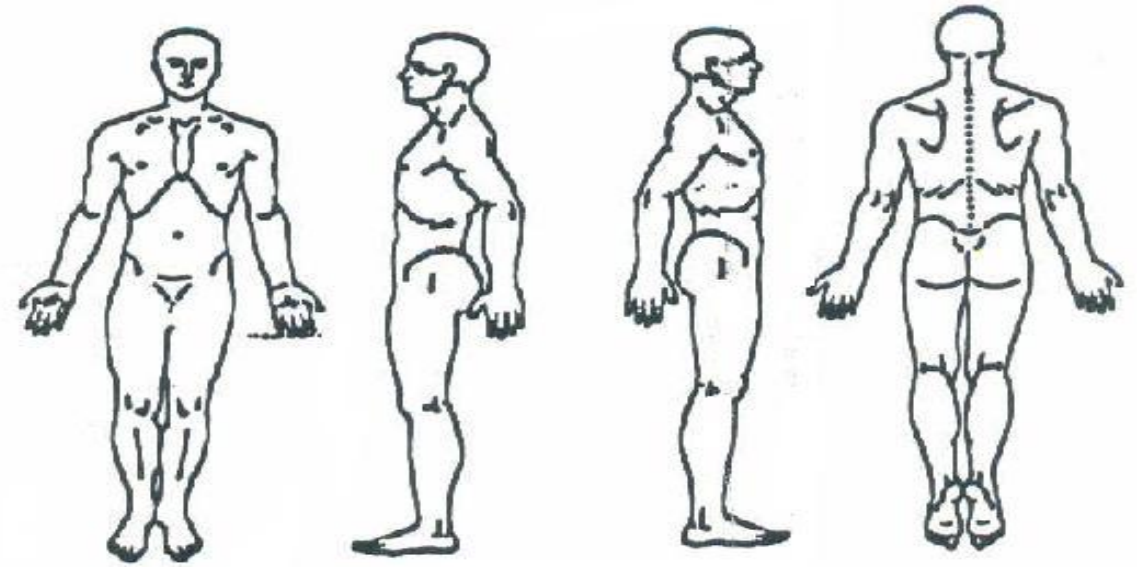
Current Complaint:

Are you seeking therapeutic massage for relaxation only? (circle one) YES NO
OR for treatment of a specific problem? (circle one) YES NO
How long have you had this condition/injury? _____

Please identify areas of current symptoms including pain or loss of sensation by indicating on the diagram below:



Check the boxes which describe the qualities of your pain:

- ❑ Sharp
- ❑ Deep
- ❑ Constant
- ❑ Shooting
- ❑ Superficial
- ❑ Intermittent
- ❑ Burning
- ❑ Poorly localized
- ❑ Brief, transient
- ❑ Aching
- ❑ Dull
- ❑ Throbbing
- ❑ Well localized

Indicate on the scale where you feel your current level of pain lies:

NO PAIN 0____1____2____3____4____5____6____7____8____9____10 WORST PAIN EVER

What increases your pain? _____

What relieves your pain? _____

Consent & Office Policy

- The information on this form is complete and accurate to the best of my knowledge, and I will update my therapist of any changes in my health status.
- I understand that the information given on this form is confidential and will be used only for the therapist's clinical records. I consent that all practitioners involved in my healthcare at Access Wellness may have access to the information contained in my clinical files. There will be no release of this information to any other party without written authorization from me. The clinic privacy policy has been made available to me.
- I give my consent for treatment as outlined by the therapist. It is my responsibility to communicate with the therapist. I understand that during treatment I am encouraged and have the right to ask questions about the procedure or effects of my treatment. At any time before or during, I can ask the therapist to alter or stop the course of the treatment.
.
- I understand and agree that payment is due at the time of appointment. I will be charged the full treatment fee for any appointment cancelled with less than **24 hours notice**. This charge will not be covered by my extended healthcare insurance.

Signature: _____ Date: _____

Signature: _____ Date: _____