Student Wellness Services

MacEwan Student Centre, Room 370
2500 University Drive NW
Calgary, AB, Canada T2N 1N4
ucalgary.ca/wellness-services

Massage History Form

Confidential

Student ID# _____ Undergrad ____ Graduate ____

Or check one of the following: STAFF ____ FACULTY ____ VISITOR ____

Name:_____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: Home: _____ Mobile: _____

Date of Birth (D/M/Y): _____ Email: _____

Health Care #: _____ Prov: _____

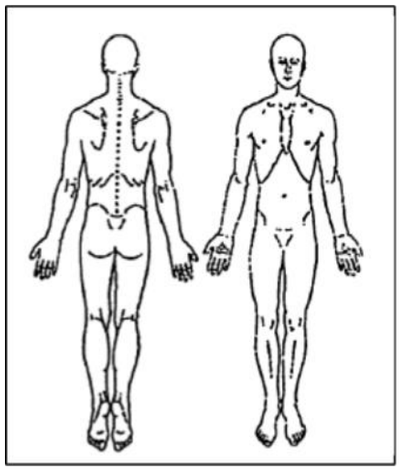
How did you find out about the clinic? _____

Is this a referral from a medical doctor? Yes __ No __ Doctor's name _____

Reason for coming in (Chief concern) _____

When did this start? _____ is it better/same/worse? _____

Indicate on the diagram where your concern is:



How intense is your pain?
(0 = no pain 10 = worst pain ever

0 _____ 10

How concerned about this are you?
(0 = no concern 10 = very concerned)

0 _____ 10

Have you ever been treated for the same/similar problem? When?

_____

Please list any major injuries, accidents or trauma and the dates:

_____

Please list any surgeries and the dates:

_____

Please indicate if you have any of the following:

☐ Migraines	☐ Chronic pain	☐ Tendonitis	☐ Varicose Veins
☐ Tension headaches	☐ Numbness/tingling	☐ Bursitis	☐ Phlebitis
☐ Sleep Issues	☐ Diabetes	☐ Heart problems	☐ Allergies
☐ Joint Pain	☐ Respiratory Problems	☐ Pregnancy	☐ Arthritis-Osteo/Rheum.
☐ Low blood pressure	☐ High Blood Pressure	☐ Autoimmune condition	☐ Fatigue
☐ Lower leg pain	☐ GI/Stomach Issues		

*** PLEASE TURN PAGE OVER ***

Have you travelled recently? __ Yes? __ No? Which location: _____

Are you taking any medications? If so, for what?

_____

Do you have any ongoing or serious medical problems or disabilities?

_____

Have you ever had massage therapy prior to this visit? If so, when?

_____

Please indicate which muscles in your body usually suffer from tension, soreness, etc.

☐ Neck	☐ Shoulders	☐ Thighs/ quads
☐ Upper back	☐ Chest	☐ Hamstrings
☐ Lower back	☐ Arms	☐ Calves
☐ Hands	☐ Feet	☐ Jaw

Massage Therapy is an aid to help and is not a medical diagnosis. The risks associated with Massage Therapy treatments can vary according to each patient's condition, the type of treatment received and location of discomfort/pain. I further understand that the above information will assist the therapist in the type of treatment performed. All information on this form is confidential and for the exclusive use of the Massage Therapist involved. I therefore clarify that the above information is true. I understand that 24 hours notice is required when cancelling any Massage Therapy appointment, or a full payment for the appointment will be required.

When you receive health services from this clinic, we will collect individually identifying health information in accordance with the provisions of the Health Information Act (HIA). We will collect this health information directly from you, except in the limited circumstances where we are authorized under HIA to indirectly collect such information. For more information, please discuss with our staff at the front desk or contact Student Wellness Services via email: sd.swas@ucalgary.ca, phone: 403.210.9355, or fax: 403.282.5218.

Our team is here to help you. We will do everything we can to treat you with respect and courtesy. The University of Calgary is committed to providing a workplace that respects and promotes human rights, personal dignity, and health and safety. Please treat our team members with respect. Harassment of any kind is not tolerated. Our team members have the right to work in a safe environment and are here to help you. Thank you for your understanding.

Signature: _____ Date: _____