

# Myokinetic

Maggie Van Luven RMT

Your Choice in Registered Massage Therapy

Myokinetic Massage Therapy | 790 Main St. E. Hamilton, On | 905.906.4325 | www.myokinetic.com

By signing this document you agree to informed consent of your treatments as delivered here at Myokinetic by Maggie Van Luven RMT. Collection of your personal information is limited and protected under Federal Legislation. Your information will only be used to collect health data and to develop an appropriate treatment plan. Your information will never be rented, traded or distributed.

**In addition:**

- All appointments that are cancelled without 24 hours notice will be charged the full rate.
- All cheques or credit debits returned by your institution will require a fee replacement in the form of a certified cheque, cash or credit payment. The additional fee levied for such returns is \$45.00
- You agree to allow your massage therapist, Maggie Van Luven to discuss your case with other staff members as the need arises. This type of open dialogue presents an opportunity for us to better serve you through complimentary treatment planning.

Signed in \_\_\_\_\_, on \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

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The information requested below allows us to develop and execute a safe and effective treatment protocol. Your information remains confidential and will not be released without your express written permission. Please ask questions if you are unsure or need clarification about this information or our privacy policy.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Is this your first treatment with an RMT? **Y / N**

Date of Birth: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Email: \_\_\_\_\_

Your Family Dr. \_\_\_\_\_

•Telephone: \_\_\_\_\_

Please check off all that apply to you. Use the letter **P** for a **previous condition** and a **C** for a **current condition**.  
Leave blank if it does not apply.

## CARDIOVASCULAR

- high blood pressure
- low blood pressure
- chronic congestive heart failure
- heart attack
- phlebitis / varicose veins
- stroke / CVA
- heart disease

Family history of any above conditions? **Y / N**

## RESPIRATORY

- chronic cough
- shortness of breath
- bronchitis
- asthma
- emphysema

Family history of any above conditions? **Y / N**

## INFECTIONS

- hepatitis
- skin conditions
- Tuberculosis
- HIV
- herpes

Family history of any above conditions? **Y / N**

## OTHER CONDITIONS

- loss of sensation
- diabetes
- allergies
- dermatitis
- epilepsy
- cancer
- skin anomaly
- arthritis

Family history of any above conditions? **Y / N**

## HEAD & NECK

- headaches
- migraines
- vision problems
- ear problems
- hearing loss
- tinnitus
- vagus nerve issue
- torticollis

## WOMEN

- pregnant
- gynaecological condition
- cramping
- cysts
- mastitis
- caesarean
- epidural

## CURRENT MEDICATION

name: \_\_\_\_\_

usage: \_\_\_\_\_

**SURGERY DATE:** \_\_\_\_\_

procedure: \_\_\_\_\_

**INJURY DATE:** \_\_\_\_\_

circumstances: \_\_\_\_\_

**BROKEN BONES:** \_\_\_\_\_

**DISLOCATIONS:** \_\_\_\_\_

## Do you have any of the following?

- rods
- wires
- pins
- plates
- artificial joints
- pace maker
- insomnia
- constipation
- degenerative disc
- scoliosis
- frozen shoulder
- carpal tunnel

**PLEASE DESCRIBE WHAT BRINGS YOU IN FOR TREATMENT TODAY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hx Update 1 \_\_\_\_\_ Hx Update 3 \_\_\_\_\_

Hx Update 2 \_\_\_\_\_ Hx Update 4 \_\_\_\_\_