

Health Assessment

As an orthotherapist/massage therapist, I will conduct my business as it is explained in their Code of Ethics. Therefore, the contents of this assessment will be kept private and will only be shown to any third party with the client's authorization. I will constantly improve the quality of my services and operations and will create a reputation for honesty, fairness, respect, responsibility, integrity, trust and sound business judgment.

Personal Information

Mrs. Mr. Name : _____ Surname : _____
Address : _____
Ville : _____ Zip Code : _____
Phone Home/Cell.: _____ Email : _____
Birthdate (DD/MM/YYYY): _____ Occupation : _____

Do you need an insurance receipt? Yes No

Is this your first massage? Yes No

Are you receiving treatment such as:

Physiotherapy Osteopathy Acupuncture other: _____

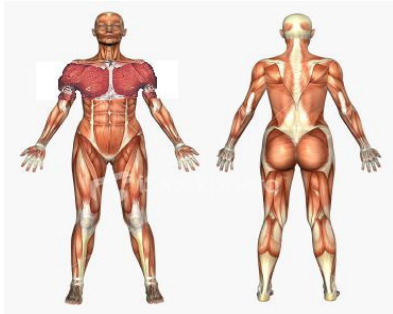
Have you ever had any accident or any surgery? (If so, please mention the year)

Do you take any prescribed medications? _____

Do you take any natural or homeopathic medications? _____

Do you practice any sports? If so, which sport(s) and how many times per week? _____

Please circle any areas of pain, tension or restriction of movement:



Please check the items that concern you:

- Diabetes Respiratory problem (please specify): _____
- Hypo/ Hyperthyroidism Digestive problem, (please specify): _____
- Hypo/ Hyperglycemia Pregnant Breastfeeding
- Allergy(s), please specify: _____

Do you suffer from any *cardio-vascular* problems such as:

- Hypo/Hypertension Phlebitis Thrombosis
- Cancer Other(s), please specify: _____

Do you suffer from any *nerve-related* problem such as :

- Epilepsy Stress Insomnia
- other(s), please specify: _____

Do you suffer from any *skin* problem such as:

- Warts Psoriasis Eczema
- other(s), please specify: _____

I hereby declare this information given above is exact, total and true

Signature: _____ Date: _____