



Krystin Bokalo BAHSc., CAT(C), RMT

Certified Athletic Therapist Registered Massage Therapist

Name: _____	Address: _____	
City: _____	Postal Code: _____	
Phone # (Home): _____	(Other): _____	Date of Birth: _____
Occupation: _____	Referred by: _____	
Email Address: _____		
Doctor: _____	Phone #: _____	Address: _____
Chiropractor/Physio/Other: _____	Phone #: _____	
Current Medications (including what they treat): _____		
Surgeries (Please include date): _____		
Please list the presence and location of any internal pins, wires, artificial joints, Etc. : _____		
Motor Vehicle Accident: Yes / No Date: _____ Claim#: _____		
Is this a work related injury: Yes / No Has this injury been reported: Yes / No Claim#: _____		
Have you ever received a professional massage: Yes / No		
Reason for Massage: _____		

CLIENT CONSENT

In keeping with the Health Care Consent Act (1996), it is my choice to receive massage therapy. I understand that an assessment by a therapist is required to determine the best course of treatment. I am aware that all information provided is private and confidential and will not be released without my written consent. I agree to communication with my massage therapist at any time if I have any questions, if I feel uncomfortable, or I feel that my well being is being compromised. I will consent to the massage therapist working only on those areas of my body that I am comfortable with. I am aware that I may remove only the clothing with which I am comfortable and may terminate the treatment at any time at my discretion. I understand and am aware of the posted fees and cancellation policy. I am also aware of the possible side effects from a massage treatment such as temporary muscular discomfort (24-48 hours post treatment), bruising and possible dizziness. I understand the therapist will recommend remedial exercises and home care. I am aware that the therapist is not responsible for any damaged articles.

Signature: _____ Date: _____

FEE SCHEDULE

Massage Therapy	
30 Minute Treatment	\$60.00
45 Minute Treatment	\$75.00
60 Minute Treatment	\$95.00
90 Minute Treatment	\$130.00
120 Minute Treatment	\$175.00
Athletic Therapy	
Initial Assessment	\$95.00
Subsequent Treatment	\$55.00

CANCELLATION POLICY

Please remember that your appointment time is reserved especially for you. In order that your appointments remain available to all patients, 24 hour notice is required for changes or cancellations. The full amount for the missed appointment may be charged in the event of late cancellations or missed appointments. Thank you in advance for your co-operation.

Signature: _____ Date: _____

RELEASE OF INFORMATION

Insurance companies randomly audit claims submitted for treatment. Should your insurance company call to request confirmation of your appointment with Krystin Bokalo, RMT you (select one):

___ Consent to having this confirmation provided to your insurer

___ Do not consent to having this confirmation provided to your insurer and would like to be notified

Signature: _____ Date: _____

ANTI-SPAM LEGISLATION

Please select to one of the following:

___ Consent to receiving emails from Krystin Bokalo, RMT

___ Do not consent to receiving emails from Krystin Bokalo, RMT

Your may change your preference at any time.

Signature: _____ Date: _____

Health History Updates	
<i>Date</i>	<i>Initials</i>

Please check off all applicable boxes below (past and current):

Cardiovascular

- High blood pressure
- Low blood pressure
- Chronic congestive heart failure
- Heart disease
- Myocardial infarction
- Phlebitis
- Cardio-vascular accident
- Stroke
- Pacemaker
- Varicose veins
- Blood clots
- Lymphedema
- Other

Infectious Diseases

- Hepatitis
- Tuberculosis
- HIV
- Other

Skin

- Allergies (anaphylactic)
- Rashes
- Athletes foot
- Warts
- Cold sores
- Eczema/psoriasis
- Other (contagious)

Musculoskeletal

- Bone or joint disease
- Tendonitis
- Bursitis
- Fractures
- Osteoarthritis
- Rheumatoid arthritis
- Sprains/strains
- Swelling
- Stiffness
- Spasms/cramps
- Pain (Check area):
 - Jaw
 - Neck
 - Shoulder
 - Elbow
 - Wrist
 - Hip
 - Knee
 - Ankle
 - Back

Digestive

- Constipation
- Gas/Bloating
- Nausea/vomiting
- Irritable bowel syndrome
- Liver/gall bladder
- Kidney/bladder

Respiratory

- Chronic cough
- Bronchitis
- Shortness of breath
- Asthma
- Emphysema
- Smoking
- Other

Reproductive

- Pregnancy (Trimester ___)
- PMS
- Other

Nervous System

- Herpes/shingles
- Numbness/tingling
- Chronic pain
- Fatigue
- Sleep disorder
- Loss of sensation
- Other

Other

- Drug/alcohol addiction
- Nicotine/caffeine addiction
- Diabetes
- Vision/hearing loss
- Headaches/migraines
- Cancer
- Epilepsy
- Allergies (please list)
- Other

INDICATE AREAS OF PAIN OR DISCOMFORT

- Place an 'X' on areas of extreme pain
- Circle areas of discomfort

