

Coastal Massage Therapy

220-2950 Douglas St., Victoria, B.C. V8T 4N4

Phone/Fax (250) 382-3836

e-mail coastalchiro220@gmail.com

Date: _____	
PHN: _____	DOB: _____
ICBC/WCB/OTHER: _____	

Name: _____ Home Phone: _____

Address: _____ City: _____

Postal Code: _____ Cell: _____ email: _____

Employer: _____ Work Phone: _____

Medical Doctor _____ Naturopath _____

Physiotherapist _____ Chiropractor _____

Previous Massage Therapy? Yes No Name: _____ Xrays Yes No

Current Medications _____ Condition Treated _____

Supplements/Vitamins _____

Surgeries/Operations _____

Presence of internal pins, wires, artificial joints etc _____

Do you have or have you ever had any of the following?

ANEURYSM	OSTEOPOROSIS	DIABETES
EPILEPSY	RHEUMATOID ARTHRITIS	EMPHYSEMA
CANCER	HIGH BLOOD PRESSURE	ASTHMA
STROKE	HEART CONDITION	HEPATITIS
COPD	RESPIRATORY DISEASE	PSORIASIS
ANXIETY DISORDER	CHRONIC FATIGUE SYNDROME	DEPRESSION
VENERAL DISEASE	FIBROMYALGIA	HIV
LUPUS	THYROID DISORDER	CROHN'S/UC
ALLERGIES _____		
OTHER _____		

Patient's Signature: _____

Date: _____