

## PERSONAL CASE HISTORY FORM

Welcome to Wholelife Wellness! Please fill out this form to the best of your ability so we can design a treatment that best suits your needs. All information is confidential.

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

Date of Birth: d/m/y/\_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (H) \_\_\_\_\_(W) \_\_\_\_\_(C) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

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

Medical Doctor: \_\_\_\_\_ Chiropractor: \_\_\_\_\_

May we consult your MD/Chiropractor or previous Massage Therapist if necessary?  Yes  No

Have you been to a Massage Therapist before?  Yes  No How Long ago? \_\_\_\_\_

Who can we thank for sending you here? \_\_\_\_\_

What is your primary health concern today? \_\_\_\_\_

How long have you been experiencing this? \_\_\_\_\_

What would you like to see happen? \_\_\_\_\_

Have you been doing anything to help yourself with this concern?  Yes  No If yes, please explain: \_\_\_\_\_

Please rate your stress level from 0 – 10 with 10 being the highest:

Physical Stress (trauma to the body): 1 2 3 4 5 6 7 8 9 10 Known cause? \_\_\_\_\_

Emotional Stress (deaths/ births/divorce etc): 1 2 3 4 5 6 7 8 9 10 Known cause? \_\_\_\_\_

Chemical Stress ( diet/medication): 1 2 3 4 5 6 7 8 9 10 Known cause? \_\_\_\_\_ Other: \_\_\_\_\_

Do you participate in physical exercise: regularly/irregularly/not at all (please circle)

Do you have a well balanced diet:  Yes  No  Sometimes

How much water do you drink daily? \_\_\_\_\_ Do you sleep well at night?  Yes  No  Sometimes

Please check all that currently apply to your health:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> high/low blood pressure      | <input type="checkbox"/> asthma          | <input type="checkbox"/> kidney condition          | <input type="checkbox"/> cancer                 |
| <input type="checkbox"/> sinus problems               | <input type="checkbox"/> diabetes        | <input type="checkbox"/> heart condition           | <input type="checkbox"/> fainting               |
| <input type="checkbox"/> multiple sclerosis           | <input type="checkbox"/> nervousness     | <input type="checkbox"/> depression                | <input type="checkbox"/> shortness of breath    |
| <input type="checkbox"/> arthritis (RA/OA)            | <input type="checkbox"/> osteoporosis    | <input type="checkbox"/> dizziness/nausea          | <input type="checkbox"/> circulatory problems   |
| <input type="checkbox"/> headaches                    | <input type="checkbox"/> migraines       | <input type="checkbox"/> urinary problems          | <input type="checkbox"/> emphysema              |
| <input type="checkbox"/> digestive problems           | <input type="checkbox"/> hepatitis       | <input type="checkbox"/> painful joints            | <input type="checkbox"/> tingling in hands/feet |
| <input type="checkbox"/> epilepsy                     | <input type="checkbox"/> anxiety         | <input type="checkbox"/> irritable bowel           | <input type="checkbox"/> thyroid problems       |
| <input type="checkbox"/> fibromyalgia                 | <input type="checkbox"/> ringing in ears | <input type="checkbox"/> back pain                 | <input type="checkbox"/> shoulder/neck pain     |
| <input type="checkbox"/> HIV/AIDS                     | <input type="checkbox"/> varicose veins  | <input type="checkbox"/> communicable skin disease |   |
| <input type="checkbox"/> jaw or ear pain              |  |  |   |
| <input type="checkbox"/> other, please explain: _____ |  |  |   |

Please list all current medications and reasons for taking them: \_\_\_\_\_

Do you have pins, wires or artificial joints?  Yes  No Location: \_\_\_\_\_

If you are female, are you currently pregnant?  Yes  No How many months? \_\_\_\_\_

Have you ever been in an automobile accident or experienced a serious injury?  Yes  No

Please explain: \_\_\_\_\_

Is there anything else concerning your health or present symptoms that have not been asked? \_\_\_\_\_

I have stated all my known medical conditions and agree to divulge any medical information pertaining to existing, previous or future physical conditions to ensure that the highest standard of safety can be met. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental conditions. I absolve the massage therapists' at Wholelife Wellness for any losses (personal or otherwise).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of parent/guardian if under 16 years of age: \_\_\_\_\_

# WHOLELIFE WELLNESS FEE STRUCTURE AND CANCELLATIONS POLICY

## Services Provided:

Body Talk    Chiropractic    Reiki    Infrared Sauna    Massage Therapy  
Hot Stone Massage    Jade Stone Massage    Raindrop Therapy

## Rates for Services:

### Massage Therapy, Body Talk & Reiki:

30 minutes: \$40  
45 minutes: \$50  
60 minutes: \$65  
90 minutes: \$90  
120 minutes: \$110

### Jade Stone / Hot Stone Massage, & Raindrop Therapy:

60 minutes: \$80  
90 minutes: \$105

### Infrared Sauna:

(up to 45 minutes per use)  
Single Use: \$10  
1 Month Pass: \$75  
3 Month Pass: \$150

### Initial Chiropractic Apt: \$40 Subsequent Chiropractic Visit: \$25\*

\*Children, Students & Seniors  
receive a \$5 discount

- Many insurance companies and group health plans offer benefits that assist with, or cover the cost of Massage Therapy. It is your responsibility to check your policy and submit your receipts.
- **We require 4 hours notice to change or cancel your appointment time, 24 hours notice is appreciated. The full fee of your booked appointment will be charged if you are unable to provide adequate time (4 hours) to fill the timeslot. You will be unable to book further appointments at Wholelife Wellness until this invoice is paid. Insurance companies will not reimburse missed appointment fee receipts.**
- Receipts will be issued in the name of the person that is receiving the massage. It will be marked as a gift under other circumstances.
- Payment is due when service is provided.
- Arriving late for your appointment time generally results in your time being shortened and full fee being applied. Please try to arrive at least 5 minutes prior to your scheduled time.
- Appointments and gift certificates cannot be “split” due to difference in fee schedule.
- Gift certificates are always available online at [www.wholelifewellness.ca](http://www.wholelifewellness.ca) or at the front desk.

PLEASE SIGN TO INDICATE THAT YOU HAVE READ AND UNDERSTAND OUR  
FEE STRUCTURE AND CANCELLATION POLICY

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_