VICARS SCHOOL of Massage Therapy

Personal Information

All personal health information will be kept confidential and never shared with a third party unless you provide consent in writing.
You may access your client file by written request.

Today's Date (YYYY-MM-DD)	**First Name** (PLEASE PRINT)	**Last Name** (PLEASE PRINT)	**Pronoun**	**DOB** (YYYY-MM-DD)

Address	**City**	**Province**	**Postal Code**

Height	**Weight**	**Phone #**	**Email**

Emergency Contact Name	**Relationship**	**Emergency Contact Phone #**

Infectious / contagious conditions: If you are currently (today) experiencing any potentially infectious / contagious conditions please indicate in the comments section and inform your therapist.

Comments:

Do you have allergies or hypersensitivity reactions? Yes ☐ No ☐ If "Yes", what triggers a reaction?

Do you carry an Epi Pen? Yes ☐ No ☐

Do you carry any emergency medications? Yes ☐ No ☐

General Information

Occupation:

Sports / Hobbies:

Massage Referrals: Were you referred by another health care professional? Yes ☐ No ☐ If so, by whom and for what reason?

Trauma: List any serious or lasting physical trauma

DATE	DESCRIPTION OF TRAUMA

Massage History: Is this your first massage? Yes ☐ No ☐
If no, describe your experience

Sleep Patterns: Does your sleep quality affect your daily activities? Yes ☐ No ☐ If so, describe:

Surgeries: List any major surgeries:

DATE	DESCRIPTION OF SURGERIES

Positioning: Do you have difficulty lying in a certain position? Yes ☐ No ☐ If so, describe:

Skin

- ☐ Eczema
- ☐ Psoriasis
- ☐ Contact dermatitis
- ☐ Warts
- ☐ Herpes
- ☐ Other

List any medications taken for these conditions:

Comments:

Cardiovascular

- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Stroke Date:
- ☐ Dizziness / vertigo
- ☐ Seizures
- ☐ Other
- ☐ Varicose veins (not spider veins)
- ☐ Heart attack Date:
- ☐ Chronic congestive heart failure
- ☐ Heart disease (heart valve, pacemaker or similar device)
- ☐ Phlebitis

List any medications taken for these conditions:

Comments:

Digestive

- ☐ Crohn disease
- ☐ Constipation
- ☐ Colitis
- ☐ Ulcers
- ☐ IBS
- ☐ Other

List any medications taken for these conditions:

Comments:

Muscle, Joint, & Bone

- ☐ Rheumatoid arthritis
- ☐ Scoliosis
- ☐ Fractures/sprains
- ☐ Other
- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ Wires/plates/pins

List any medications taken for these conditions:

Comments:

Neurological

- ☐ Epilepsy/seizures
- ☐ Parkinson Disease
- ☐ Other
- ☐ Multiple sclerosis
- ☐ Alzheimer

List any medications taken for these conditions:

Comments:

General Conditions

- ☐ Diabetes
- ☐ Cancer
- ☐ Hemophilia
- ☐ Fibromyalgia/chronic fatigue
- ☐ Kidney disease
- ☐ Autoimmune
- ☐ Hepatitis
- ☐ Liver
- ☐ HIV / Aids
- ☐ Other

Mental Health

- ☐ PTSD
- ☐ Stress
- ☐ Anxiety
- ☐ Other

List any medications taken for these conditions:

Comments:

Respiratory

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

List any medications taken for these conditions:

Comments:

Head & Neck

- ☐ History of headaches
- ☐ History of migraine headache
- ☐ Vision loss / condition
- ☐ Other
- ☐ Hearing loss / condition
- ☐ Dizziness / vertigo
- ☐ Whiplash

List any medications taken for these conditions:

Comments:

Gynecological

- ☐ Gynecological condition. Describe:
- ☐ Pregnancy
  Due date: _____
  High Risk Yes ☐ No ☐
- ☐ Other

List any medications taken for these conditions:

Comments:

I have disclosed all known health history. The therapist is not liable for treatment outcomes related to missing health history information. Sign here: _____

Client Code of Conduct

Vicars School Student Clinic provides affordable massage therapy treatments to members of the community while offering students hands-on experience in a realistic environment.

The massages provided at Vicars Student Clinic contribute to student learning. During the session, the therapists may focus on a particular aspect of their current training. Therapists and supervisors will ensure that clients receive the best possible care by prioritizing the clients' needs, acting in the client's best interest, and upholding the highest standards of professionalism.

The following have been developed to ensure the comfort and safety of clients, student therapists, and staff:

1. **Please be on time for your appointment.** Our schedule allows for a one-hour massage, with some additional time for an assessment and homecare. If you are late for your appointment, we will not be able to complete a full one-hour massage.
2. **Let us know if you can't make it.** If you must cancel your appointment, please advise us as soon as possible, ideally within 24-48 hours of your appointment.
3. **We cannot guarantee requests for specific therapists.** It may be necessary to switch students to another client without prior notice, as our students benefit from working with a variety of clients.
4. **Do not attend your appointment under the influence of drugs or alcohol.** If it is suspected that you are under the influence, you will be asked to leave.
5. **Respect our scent-free environment.** Strong odours, such as perfume, cologne, cigarettes, or marijuana, can easily spread between treatment spaces and may negatively affect individuals with certain health conditions.
6. **Respect the privacy and comfort of other clients by keeping conversation to a minimum.** Sound carries very easily between treatment spaces. Please keep conversations with your therapist professional and at a low volume and limit unnecessary discussion once your massage has begun.
7. **Turn off your cell phone.** A ringing or vibrating phone is disruptive in a shared space.
8. **Allow the supervisor to help.** The supervisor is required to enter the treatment area during both the assessment and massage to discuss the treatment with your student therapist, offer support, and evaluate the student. This is an essential part of a student's clinical experience. We cannot guarantee a supervisor of a preferred gender.
9. **Clients, students, and staff have the right to a safe, inclusive, and respectful environment. Inappropriate language or behaviour will not be tolerated;** this includes sexual comments and innuendo, inappropriate touch, sexist, racist, or other offensive language.
10. **Feedback is required.** Clients are required to complete a written evaluation form following their appointment. Students benefit from your honest, constructive feedback, and comments on the client feedback forms do not affect a student's grade.
11. **Update health history, as necessary.** We are required to document the current health history of our clients. Please inform your therapist anytime you have changes to your health history. You will be asked to formally update your health history annually.
12. **Participate and communicate openly with your therapist.** Students are required to ask many questions and practice a variety of skills during your appointment, including assessment and self-care. If you need help communicating, a caregiver is welcome to attend.

Clients who do not uphold the Client Code of Conduct may be asked to leave or lose future booking privileges.

By signing this waiver, I_____ acknowledge that I have read and understand the Client Code of Conduct and the Client Waiver. I understand that this information will be seen by each student therapist and by Vicars faculty and staff. I understand that the practitioner is a student, and that their practice is limited to their current scope of learning. I understand that the student therapist does not diagnose illness, disease, or any other physical or mental disorder and that services offered today, and in the future, are not a substitute for medical care. Any information provided by the student therapist is for educational purposes only. I release Vicars School of Massage Therapy Ltd., its students and staff from any liability, past, present and future, relating to treatment received at this clinic and from problems arising from the treatment or as a result of information not given, or incorrectly given in this health history.

PRINTED NAME (client): _____

SIGNED (client): _____ DATE: _____

Future Health History Reviews:

Reviewed & renewed on (YYYY-MM-DD): _____ Client Signature: _____

Reviewed & renewed on (YYYY-MM-DD): _____ Client Signature: _____

Reviewed & renewed on (YYYY-MM-DD): _____ Client Signature: _____

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