

**Welcome to Everest Therapeutics Inc.**

**Today's Date:** M \_\_\_ D \_\_\_ Y \_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Birthday:** M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Office Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

What brings you in to massage therapy? (ex. Headaches, pain, injury, fatigue, immobility, car accident)

Have you received therapy this year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which? Massage \_\_\_\_\_ Physiotherapy \_\_\_\_\_ Chiropractic \_\_\_\_\_ Acupuncture \_\_\_\_\_

When was your last treatment? \_\_\_\_\_

Name of your previous practitioner(s)? \_\_\_\_\_

**Medical History**

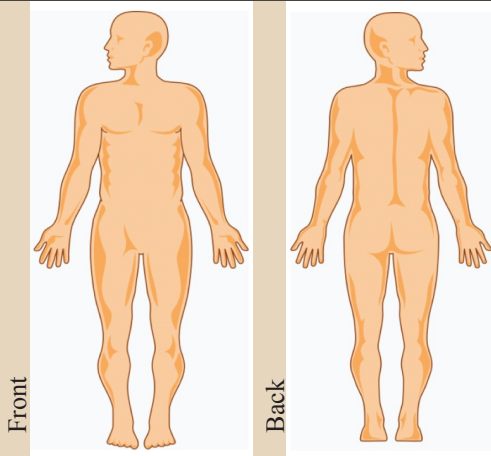
Please list (with dates, if possible) any conditions, allergies, surgeries, major injuries, etc you may have.

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are currently taking. \_\_\_\_\_

\_\_\_\_\_

Please indicate with an X,  
the area(s), where you are  
experiencing symptoms.



On a scale of 1 to 10, where  
1 is low and 10 is high,  
please indicate the usual  
intensity of pain \_\_\_\_\_

Through scheduling an appointment, I understand that I am responsible to show up at that time. If I fail to cancel 24 hours before, show up late, or fail to arrive to my appointment, I understand the entire treatment fee will be my responsibility.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date