Justine Blainey Wellness Centre
220 Wexford Road, Unit 2 Brampton, ON L6Z 4N7 (905) 840-9355

Client Information

Name:		Date:
Address:		
City:	Province:	Postal Code:
Home Phone:		Business Phone:
Cell Phone:		E-mail:
Date of birth(DD/MM/YY):		Occupation:
Physician's Name and Address:		
Emergency Contact (Name/Telephone):		
How did you hear about JBWC?:		Primary Complaint:

Please indicate if you have any of the following conditions:

Head/Neck:
Headaches☐ Types: ____________
Head Injury ☐
Hearing Problems ☐
Earaches ☐
Vision Problems ☐
Contact lenses ☐

Respiratory
Chronic Cough ☐
Smoking (Heavy) ☐
Smoking (Light) ☐
Shortness of Breath ☐
Asthma ☐
Bronchitis ☐
Emphysema ☐
Allergies ☐
Sinus Problems ☐

Cardiovascular:
High blood pressure ☐
Low blood pressure ☐
Poor Circulation ☐
Phlebitis ☐
Heart Diseases ☐
Heart Attack ☐
Pacemaker ☐
Chronic Congestive Heart Failure ☐
Varicose Veins ☐
Diagnosed? Yes ☐ No ☐

Infectious Conditions
Tuberculosis ☐
HIV / AIDS ☐
Hepatitis type ☐ ____________

Muscle Strain:
Neck ☐
Hand ☐
Upper Back ☐
Mid Back ☐
Lower Back ☐
Abdomen ☐
Thigh ☐
Lower Leg ☐
Foot ☐
Shoulder ☐
Arm/forearm ☐

Skin:
Sensitive Skin ☐
Cold Sores ☐
Plantar Warts / Athletes Foot ☐
Rashes ☐
Bruise Easily ☐
Eczema/Psoriasis ☐ ____________
Loss of Sensation ☐ ____________

Reproduction
Menstruation ☐
Painful ☐
Heavy ☐
Scant ☐
Menopause ☐
Pregnant ☐ Due Date ____________
PMS ☐

Joint Conditions
Neck ☐
Back ☐
Shoulder ☐
Elbow/Wrist ☐
Fingers ☐
Hip ☐
Ankle ☐
Knee ☐
Toes ☐

Digestive/urinary:
Difficult digestion ☐
Poor appetite ☐
Excessive appetite ☐
Constipation ☐
Irritable Bowl Syndrome ☐
Ulcers ☐
Liver/Gallbladder ☐
Chrons/Colitis ☐
Diabetes ☐ Type ____________
Diabetes Onset: ____________
Chronic Diarrhea ☐
Other ☐ ____________

Other Conditions:
Hemophilia ☐
Epilepsy ☐
Fibromyalgia ☐
Carpel Tunnel Syndrome ☐
Osteoporosis ☐
Tendonitis ☐
Scoliosis ☐
Bursitis ☐
☐ Cancer Type: ____________ Date: ____________
☐ Herniated Disc Where? ____________
☐ Arthritis?
☐Family history of arthritis? ____________
☐ Other: ____________

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Surgery / Injury:

Surgery:	Date:
Surgery:	Date:
Current Medications:	
Conditions Treated:	
Any special notes?	

Previous Experience: Massage Yes ☐ No ☐ Physiotherapy Yes ☐ No ☐ Chiropractor Yes ☐ No ☐
Good Sleeping Patterns Yes ☐ No ☐ Regular Exercise Yes ☐ No ☐

I understand that the following information is confidential and correct to the best of my knowledge.

Signature: ______________________________________ Date: ________________________________

Consent to Assessment Process and Treatment

I, ________________(name), have requested assessment by this Registered Massage Therapist (RMT) and/or other JBWC Registered Massage Therapists. Following a discussion and review of assessment findings, I have requested treatment by this Registered Massage Therapist (RMT) and/or other JBWC Registered Massage Therapists for treatment of the areas identified below, for the purposes of treating the following clinical indications:

____

____

As part of my therapeutic assessment and treatment, I am aware that the RMT may touch the following area(s) of my body if needed and discussed and consented prior [client to place **initials** (not check marks) in relevant areas below]:

All areas needed:	Breast(s):	Inner thigh(s):
Neck:	Chest Wall Muscles:	Legs:
Shoulders:	Back:	Feet:
Arms:	Buttocks:	

The RMT has explained the following to me and I fully understand the proposed assessment and treatment including [client to place **initials** (not check marks) to indicate that the items below were addressed]:

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___________The nature of the assessment and treatment, including the clinical reason(s) for the assessment and treatment of the above area(s) and the draping methods to be used

___________The expected benefits of the assessment and treatment

___________The potential risks of the assessment and treatment

___________The potential side effects of the assessment and treatment

___________Alternative courses of action

___________Likely consequence of not having the treatment

___________That consent is voluntary

___________That I can withdraw or alter my consent at any time

___________**All above reviewed**

I voluntarily give my informed consent for the assessment and treatment as discussed and outlined.

Client Name (print): ______________________________

Client Signature: ______________________________

Date: ______________________________

RMT Signature: ______________________________

MEDICAL RECORDS RELEASE FORM

I, ______________________________, hereby authorize the release of my medical/ massage therapy record or copies of the same to such parties that the therapist may deem necessary as it relates to my case, and do hereby hold harmless anyone for such actions.

Patient Signature:
Witness:
Date:

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REGISTERED MASSAGE THERAPY FEE POLICY

The fees for massage therapy treatments are:

Length of Treatment	Adult Fees	HST	Total Fee (+HST)	Student/Senior Fees	HST	Total Fee (+HST)
30 minutes	$57.52	*$7.48*	***$65.00***	$54.87	*$7.13*	***$62.00***
45 minutes	$72.57	*$9.43*	***$82.00***	$69.03	*$8.97*	***$78.00***
60 minutes	$88.50	*$11.50*	***$100.00***	$84.07	*$10.93*	***$95.00***
90 minutes	$128.32	*$16.68*	***$145.00***	$122.12	*$15.88*	***$138.00***

(Seniors 65+, Students -25)

Hot Stone Massage with Kelly

Length of Treatment	Fee	HST	Total Fee (+HST)
60 minutes	$115.04	$14.96	**130.00**

Free 10-minute consultations

*I am aware that I am responsible for payment by Cash, Debit, Visa, MasterCard, or Cheque ($30 charge will be applied for NSF cheques)

*I understand that if I miss or cancel my appointment less than 24 hours ahead of time the fee will be equal to the fee for massage for that time. Example: one-hour massage missed fee is $100. Credit card number or pre-pay will be expected.

I also understand that if I am late for my appointment, my treatment will be reduced accordingly.

Patient Signature:	Date:

Brampton: 220 Wexford Road Unit 2 Brampton, ON L6Z 4N7

Ph: (905) 840-9355 Fax: (905) 840-5433

www.drjustineblainey.com

www.blaineywellness.com

CONSENT FOR:

☐ Examination

☐ Adjustment

CONSENT TO CHIROPRACTIC TREATMENT AND /OR EXAMINATION

It is important for you to consider the benefits, risks and alternatives to the treatment options offered by your chiropractor and to make an informed decision about proceeding with treatment. Chiropractic treatment includes adjustment, manipulation and mobilization of the spine and other joints of the body, soft-tissue techniques such as massage, and other forms of therapy including, but not limited to, electrical or light therapy and exercise. Discuss forms of treatment with your doctor you are comfortable with.

Benefits

Chiropractic treatment has been demonstrated to be effective for complaints of the neck, back and other areas of the body caused by nerves, muscles, joints and related tissues. Treatment by your chiropractor can relieve pain, including headache, altered sensation, muscle stiffness and spasm. It can also increase mobility, improve function, and reduce or eliminate the need for drugs or surgery.

Risks

The risks associated with chiropractic treatment vary according to each patient's condition as well as the location and type of treatment.

The risks include:

- Temporary worsening of symptoms – Usually, any increase in pre-existing symptoms of pain or stiffness will last only a few hours to a few days.

- Skin irritation or burn – Skin irritation or a burn may occur in association with the use of some types of electrical or light therapy. Skin irritation should resolve quickly. A burn may leave a permanent scar.

- Sprain or strain – Typically, a muscle or ligament sprain or strain will resolve itself within a few days or weeks with some rest, protection of the area affected and other minor care.

● Rib fracture – While a rib fracture is painful and can limit your activity for a period of time, it will generally heal on its own over a period of several weeks without further treatment or surgical intervention.

● Injury or aggravation of a disc – Over the course of a lifetime, spinal discs may degenerate or become damaged. A disc can degenerate with aging, while disc damage can occur with common daily activities such as bending or lifting. Patients who already have a degenerated or damaged disc may or may not have symptoms. They may not know they have a problem with a disc. They also may not know their disc condition is worsening because they only experience back or neck problems once in a while.

Chiropractic treatment should not damage a disc that is not already degenerated or damaged, but if there is a pre-existing disc condition, chiropractic treatment, like many common daily activities, may aggravate the disc condition.

The consequences of disc injury or aggravating a pre-existing disc condition will vary with each patient. In the most severe cases, patient symptoms may include impaired back or neck mobility, radiating pain and numbness into the legs or arms, impaired bowel or bladder function, or impaired leg or arm function. Surgery may be needed in most severe cases only.

● Stroke – Blood flows to the brain through two sets of arteries passing through the neck. These arteries may become weakened and damaged, either over time through aging or disease, or as a result of injury. A blood clot may form in a damaged artery. All or part of the clot may break off and travel up the artery to the brain where it can interrupt blood flow and cause a stroke. Many common activities of daily living involving ordinary neck movements have been associated with stroke resulting from damage to an artery in the neck, or a clot that already existed in the artery breaking off and travelling up to the brain.

Chiropractic treatment has also been associated with stroke. However, that association occurs very infrequently, and may be explained because an artery was already damaged and the patient was progressing toward a stroke when the patient consulted the chiropractor. **Present medical and scientific evidence does not establish that chiropractic treatment causes either damage to an artery or stroke.** The consequences of a stroke can be very serious, including significant impairment of vision, speech, balance and brain function, as well as paralysis or death.

Alternatives

Alternatives to chiropractic treatment may include consulting other health professionals. Your chiropractor may also prescribe rest without treatment, or exercise with or without treatment.

Questions or Concerns

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the chiropractor's attention. If you are not comfortable, you may stop treatment at any time.