Current medications ______________________________ Physician ______________

Condition it treats ______________________________ Address ______________

History of surgery ______________________________ ______________

Nature of surgery ______________________________ ______________

History of major accident or injury ______________________________

Nature of accident or injury ______________________________

Other medical conditions ______________________________

Of special note (presence of internal pins, wires, artificial joints, special equipment, etc.) ______________

History and nature of dental surgery: ______________________________

Consent To Treatment Form

I, ______________________________, at my own free will consent to be treated for the following

conditions (ie: stress, muscle tension, headaches, injury etc.): ______________________________
(description of condition/primary complaint)

I verify that the information given on this form is true and accurately reflects my health stats. I am aware that my file will be kept confidential, however, the file may be shared among any treating practitioners in the clinic to ensure the utmost quality care.

I acknowledge that as part of my treatment I may be assessed (via questions and/or orthopedic testing if necessary), and that is part of my treatment time.

I understand that for the purpose of integrated therapy the following area may be addressed during the course of a treatment: head, neck, upper chest, arms, back, abdomen, buttocks/hips, legs, hands and feet. I do not wish the following area to be treated: ______________________________

In compliance with the "Consent to Treatment Act" (Bill109), I provide my full and voluntary informed consent to treatment.

Therapist Name : ______________________________

Client Signature: X______________________________

Date: ______________

Cancelation Policy

I understand that I will be charged for the treatment if I do not call to cancel or reschedule my appointment with 24-hour notice. I also understand that if I arrive late to my appointment I may not receive my full scheduled time, however I will pay for the time booked.

Client Signature: X______________________________ Date: ______________