## BONAVISTA PHYSICAL THERAPY MASSAGE THERAPY INTAKE

739 LAKE BONAVISTA DR. SE

## CALGARY, AB T2J 0N2

PLEASE PR	E-	mail Address					
Name			Birth Dat	e: M	D	Y	
(last)	(first)	(middle initial)					
AHC#		Age Famil	y Physician				
		_	(first i	nitial &	surna	ıme)	
Home Addres	SS			_ Male	/ Fer	nale (Circle one)	
City	Province	e Postal Code		Incider	nt Da	te	
Home Phone	W	Work Phone		Cell Phone			
Occupation_		Insurance Provider					
*****	******	*******	******	*****	<***	*****	
General Inf	ormation						
Were you re:	ferred to Bonavista	Physical Therapy	?				
If yes by wh	om?	J 13					
If no, how di	id you hear about u	ıs?			-		
Fees for Ma	ssage Therapy ar	e as follows (plus	GST)				
30 Minutes	\$55.00	]	<b>Hot Stone M</b>	<u> Iassage</u>			
45 Minutes	\$80.00		60 Minutes	_	00		
60 Minutes	\$90.00						
75 Minutes	\$110.00	g	00 Minutes	\$140.0	00		
90 Minutes	\$125.00						
_	attend your app nt will result in		_			-	
******	*******	*******	*****	*****	****	******	

Medical Information Please circle the following conditions that apply now or have in the past:

Fainting Asthma Heart Problems Headaches High Blood Pressure

Pacemaker Varicose Veins Low Blood Pressure Skin Problems Cancer

HIV or STDs Blood Clots

Allergies Other

Please list any surgeries you have had;