Oxford College – Case History Form Special Events

The following information is required in order to comply with legislation, which governs Massage Therapy in the Province of Ontario.

X Name (please print):_____

Do you have any of the following health concerns? (**x those that apply**)

◯ Diabetes	◯ Recent Whiplash	◯ Low back pain / stiffness
◯ High/low blood pressure	◯ Headache	◯ Upper back pain/ stiffness
◯ Arthritis	◯ Neck pain / stiffness	◯ Other pain/ stiffness
◯ Heart Disease	◯ Shoulder pain / stiffness surgery	◯ Currently medicated
◯ Headache	◯ Shoulder easily dislocates	◯ Recent accident, injuries, surgery

Other Conditions (please specify):

_____

_____

_____

Medications:_____

_____

Tx:_____Student_____

Consent

I the undersigned, have read this policy and agree to have a student of the massage therapy program to perform massage upon my person on the areas agreed to between my student therapist and myself.

I always have the right to stop, alter or withdraw my consent to treatment with my student therapist at any time.

Above I have made my student therapist aware of any injury, condition, surgery, disease or disorder that I may have as it may affect the ability for me to safely receive massage. Once discussed, the student therapist may need to alter treatment or refuse treatment to ensure my safety.

All information gathered by my student therapist will remain strictly confidential. If they need to confer with their supervisor, my permission will be requested and required to do so.

I may experience possible side effects from the massage treatment such as temporary muscle soreness for 24 to 48 hours, feel dizzy or light headed or as discussed with my student therapist.

X SIGNATURE _____ **X** DATE: _____