

Current Medications: _____

Condition(s) it treats: _____

Are you currently receiving treatment from another health care professional? Yes No

If yes, for what? _____

Surgery, date? _____

Nature: _____

Injury, date? _____

Nature: _____

Annette Gray-Jackson RMT does require 24 hours notification for any cancellations, otherwise a late cancel charge will apply. If you fail to show up to your appointment without any notice, the full charge will apply.

I understand that Annette will use my information to provide me with a safe and effective treatment plan, explain any risks and possible side effects, and contact other health care providers within my circle of care if need be. I hereby give my consent for massage treatment. I am aware that I can end or alter the treatment plan at any time. I understand that the information provided is held in confidence under the Personal Health Information Protection Act and The Personal Information Protection and Electronic Documents Act. A copy of the PHIPA Act is available upon request.

Client Signature: _____ Date: _____

Updated Yearly:

Annette Gray–Jackson, Registered Massage Therapist

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