



South Surrey Chiropractic & Wellness

Megan Lichtenstein, Massage Specialist

#305 1656 Martin Drive, Surrey, BC, V4A6E7

T: 604-531-6446 | E: info@southsurreychiropractic.com

MASSAGE SPECIALIST PATIENT INTAKE FORM

Name _____ Date _____

Date of Birth (MM/DD/YYYY) _____ Gender _____

PHN (Care Card) _____

Address _____ City _____

Province _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

How would you like to receive appointment reminders?

Email Text (please indicate your provider: _____) Phone Call

Would you like to receive our newsletter? Yes No

Emergency Contact (Name) _____ Phone _____

Relationship to you _____

Your Occupation _____

Work Activity Sitting Standing Manual Labor

Were you referred by a Physician? No Yes, name: _____

How did you hear about our clinic? Website Facebook Google Yellow Pages

Newspaper Patient (Name: _____) Other: _____

Main Concern/Current Condition (please describe) _____

How long have you had this condition? _____

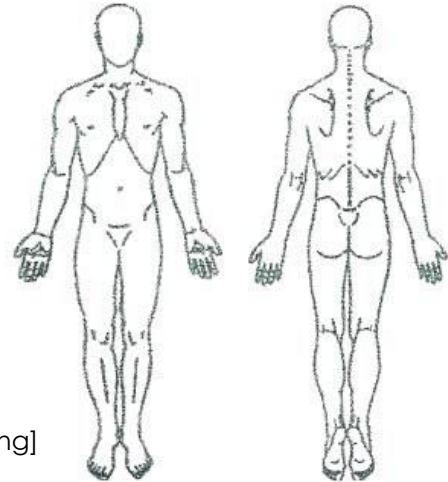
How did it start? _____

What aggravates your condition? _____

What relieves your condition?

On the body diagram, please indicate your areas of symptoms by drawing the appropriate symbols.

- P- pain
- N- numbness
- W- weakness
- S- shooting
- A- aching



Medications [Please list any medications/supplements you are taking]

Medications (prescription, over the counter)

Supplements (multivitamins, ginkgo, etc.)

Allergies Major Surgeries/Operations Major Accidents/Falls

Hospitalization (other than above)

Lifestyle

Overall stress level none low medium high

How often do you exercise _____ Type of exercise _____

Do you currently smoke Yes No Do you consume alcohol Yes No

For Women

Are you pregnant? Yes No Maybe If yes, Due Date _____

Do you have children? Yes No _____

FEE SCHEDULE

Initial Visit (75min) \$75.00

Subsequent Visit(s) \$95.00 (90min) \$65.00 (60min) \$55.00 (45min) \$45.00 (30min)

All prices include GST

CANCELLATION POLICY: Out of respect to your practitioner and other patients, 24 hours' notice is required for all cancellations. 50% of the appointment fee will be charged for appointments cancelled without 24 hours' notice. Our cancellation policy will be waived if you are unable to make your appointment due to an emergency or illness. I understand and agree to the cancellation policy _____ (please initial)

Patient Name _____

Date _____

Patient Signature (or legal guardian) _____



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Massage Specialist Megan Lichtenstein graduated from Vancouver Career College as a Registered Massage Therapist in July 2015. Currently Megan is not registered with the College of Massage Therapists in BC as she must complete additional credits to re-certify. While completing these credits, Megan is able to work as a non-registered massage specialist. These services are not eligible for submission to extended health insurance, and must be paid by the patient in full at the time of treatment. Because of this, these services are offered at a lower rate than that of an RMT.

Megan will be re-certified in the coming months, and her fees will then be priced consistently with the clinic RMT fee schedule. We will notify patients when this pricing transition is upcoming.

Please sign indicating you have read and understood the above.

Patient Name

Date

Patient Signature (or legal guardian)