

**First Visit**

On your first visit, it is required that you fill out a short Health History form which should be updated yearly with any address or health changes your massage therapist should be aware of. Your RMT will review your Health History form with you and ask you questions to ensure that you receive a treatment that meets your needs. An ongoing progress report will be attached to your file on every visit.

**Cancellation/Missed Appointment Policy**

If you are unable to make an appointment, we request that you call 24 hours in advance. If you do not call to cancel or if you do not show up for your appointment, a cancellation fee will be charged. **The fee for cancellations is equal to 50% the normal rate.**

\*\*all cancellation fees are subject to GST. If you book within the 24hr time frame, the policy becomes effective immediately.

**Lateness Policy**

Your appointment reserves the specified time for your treatment (60 minutes, 90 minutes etc.). If you arrive late for your appointment, you will be charged the full amount of your booked appointment but only receive treatment equal to the time remaining.

**Cell Phones/Pagers**

Please understand to achieve an environment of quiet & relaxation we ask that you turn off cell phones, pagers and other electronics.

**For your information, massage treatments by a registered massage therapist may be covered under your insurance plan. Ask your plan coordinator if you are eligible for reimbursement.**

**By signing the Health History form, you are indicating that you have read and consented to these policy statements. If you have any questions, please do not hesitate to ask.**

**Privacy Consent Form**

**Note to Client**

As of January 1, 2004, the Canadian Federal Government's Personal Information Protection and Electronic Document Act (PIPEDA), was created. This new privacy law requires your knowledge and consent before we may collect your personal information, except in rare circumstances. This means we want you to understand what we do with personal information we obtain about you.

Our full Privacy Policy is available at your request and is posted on our web site at [www.performancehealthcentre.com](http://www.performancehealthcentre.com)

**Consent for Personal Information (Summary)**

I understand that to provide me with Massage Therapy goods and services, we must collect some personal information about me (including but not limited to: home telephone number, address, gender, age, occupation, health history, prescriptions, involvement in other healthcare etc.). This information will be kept strictly confidential and will not be disclosed to any third party with the exception of the following: with your direct written consent, a medical emergency while you are on our premises, when required by law (i.e. court subpoena) or during regulated healthcare assessment purposes for quality assurance.

I have reviewed the Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policy and they have been answered to my satisfaction.

EMAIL (provide only if you wish to receive our newsletter): \_\_\_\_\_

If the above client is under the age of 16 years, and/or infirm dependant, please fill out below:

Parent/Guardian/Power of Attorney: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_