

My clinic is in my home basement suite at [64 Crystalridge Close, Okotoks, T1S 1X6](#).

Additional Important Notes:

- Please be kid aware on the street – they can spring out of nowhere! Some are mine; many are not.

- We have a separate entrance to the basement clinic which is to the left of the house when looking at the property. Follow the stone pathway to the wooden staircase. There is no need to knock, just enter & bypass through the laundry area and down the stairs to the basement.

- The Town of Okotoks asks for my patients to park on our driveway or directly in front of our house (see image below). We just need to keep one parking bay open & available (right side when looking at the house) for my wife to be able to drive her vehicle away.



Your Muscle Health Is My #1 Priority,

Jason Barlow, RMT. P: 403 589 4645 E: info@jasonbarlowrmt.com



Personal Information			
Name		Date of Birth	
Address			Postal Code
Email			Subscribe for discounts & insights! <i>Yes/No</i>
Phone	<i>Home</i>	<i>Work</i>	<i>Cell</i>
Emergency Contact	<i>Name</i>	<i>Phone</i>	
How did you hear about the clinic?			

Social History			
Occupation		Describe work duties:	
Sports & Activities			
Other interests			
Marital Status		Number of Children	

Previous Care	
Have you had any accidents, injuries, or trauma in the past 5 years?	<i>Yes (details below)/No</i>
Have you received massage therapy care previously?	<i>Yes/No</i>
What areas have you had treated?	
What other therapies have you received?	

Present Muscle Pain or Injury			
Area(s) of concern			
What seemed to trigger the muscle pain?			
Pain or Tension Rating	<i>0-10 (10 is worst)</i>	What time of day is it worst?	<i>Morning, Afternoon, Evening, Night</i>
What relieves the pain or tension currently?			
Are you receiving any additional care presently?			



PERSONAL MEDICAL HISTORY	√	Additional Information
Food allergies/intolerance		
Digestive issues		
Fatigue/sleepiness		
Problems sleeping/insomnia		
Heart disorder/heart attack/stroke/angina		
High Cholesterol		
Osteoporosis/Low bone density		
High blood pressure		
Low blood pressure		
Diabetes		
Hypoglycemia (low blood sugar)		
High blood sugars		
Cancer		
Thyroid problems		
Depression/anxiety		
Frequent headaches/migraines		
Surgery		
Menopause		
Currently pregnant/breastfeeding		
Lung disease/asthma		
Skin allergies/problems		
Other medical issues		
Medications		

FAMILY HISTORY	√	Additional Information
Food allergies/intolerance		
Digestive issues		
Heart disorder/heart attack/stroke		
High cholesterol		
Osteoporosis		
High blood pressure		
Diabetes/high blood sugars		
Hypoglycemia (low blood sugars)		
Cancer		
Obesity/overweight		
Other medical issues		



Massage Therapy & Exercise Coaching Informed Consent

I understand that massage therapy does not diagnose illness or disease, or any other disorder, and that the Massage Therapist does not prescribe medical treatments or pharmaceuticals.

I have informed the Massage Therapist/Exercise Coach of all my known physical conditions, medical conditions and medications and I will keep the Massage Therapist/Exercise Coach updated on any changes to my health history. I also understand that I should seek a physician's advice prior to any fitness training or massage therapy.

I have read, understood and completed, to the best of my knowledge the Patient Health Questionnaire and Informed Consent Form. I acknowledge that I may suffer injury or loss as the result of participation and I hereby release Living In Functional Equilibrium Incorporated and its officers, employees and agents from any and all liability from any injuries or loss arising from the treatments.

Patient Signature (Legal Guardian)

<i>Date:</i>	<i>Signed:</i>	<i>Print Name:</i>
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****Patients under the age of 18 to be signed by parents/guardians****

I, _____, (Parent or Legal Guardian name) completely accept responsibility for my child's participation. I agree to indemnify, and save harmless, Living In Functional Equilibrium Incorporated and officers, employees and agents from any liability and claim from any injury or loss that my child may experience as a result of the treatments.

Fee Schedule

Therapeutic Massage	30-mins	60-mins	90-mins
	\$65+GST	\$120+GST	\$180+GST
55+ & Students			
	\$55+GST	\$100+GST	\$150+GST

Payment

Payment is due at the time of each visit by cash, debit, Visa/Mastercard or eTransfer. Direct Billing is available for most insurances. **Please email your health insurance details prior to your first visit.**

Cancellation Policy & Missed Appointment:

- I may cancel my appointment without charge anytime before the close of business on the business day preceding my appointment.
- If I cancel on the day of my appointment, or if I do not call to cancel my appointment or fail to show for my scheduled appointment, I will be charged full price for the scheduled service.

I have read and agree to the above conditions set forth in this fee schedule.

Patient Signature (Legal Guardian)

<i>Date:</i>	<i>Signed:</i>	<i>Print Name:</i>
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JASON BARLOW, RMT
MASSAGE & LIFESTYLE