

Welcome to Everest Therapeutics Inc. Please take a minute to complete both sides of this information form.

Name: \_\_\_\_\_  
FIRST LAST

Address: \_\_\_\_\_  
CITY POSTAL CODE

Telephone: \_\_\_\_\_  
HOME WORK CELL

e-mail: \_\_\_\_\_  
Your email will **only** be used to send you appointment confirmations, reminders and a clinic newsletter.

date of birth: 

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 Occupation: \_\_\_\_\_  
M D Y

To help us spend our marketing money wisely, please let us know how you heard about us.

- Google Search words used: \_\_\_\_\_
- www.mytelus.com
- other website: www.\_\_\_\_\_
- sidewalk sign
- gift certificate
- other: \_\_\_\_\_

Referral:  family physician Name: \_\_\_\_\_  
 friend / family Name: \_\_\_\_\_  
 chiropractor / physiotherapist: Name: \_\_\_\_\_

What brings you to massage therapy? For example, headaches, fatigue, stress, car accident, pain, immobility:

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Have you received massage therapy ; physiotherapy ; chiropractic  care this year?

If yes, when were you last treated? \_\_\_\_\_

Name of previous practitioner: \_\_\_\_\_

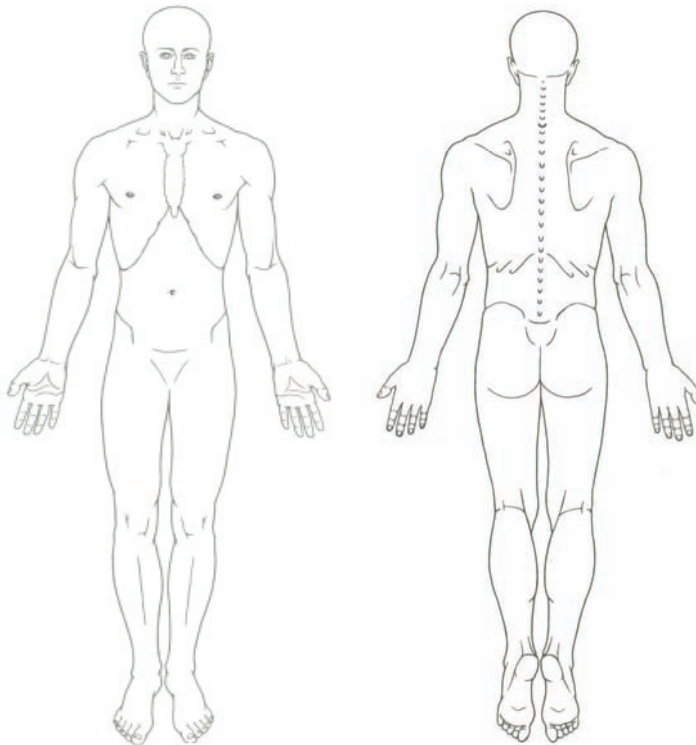
Please list all medications you are currently taking: \_\_\_\_\_

**Medical History**

Please list (including dates if applicable), any conditions, surgeries, major injuries, etc., you may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate with an 'X' the areas on the figures below where you are experience your symptoms:



On a scale of 1 to 10, where 1 is low and 10 is high, what is the usual intensity of your pain? \_\_\_\_\_

Through scheduling an appointment, I understand that I am responsible to show up at that time. If I fail to cancel 24 hours before or show up late or fail to arrive to my appointment, I understand the entire treatment fee will be my responsibility.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE