

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:

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

If yes, when were you last treated? _____

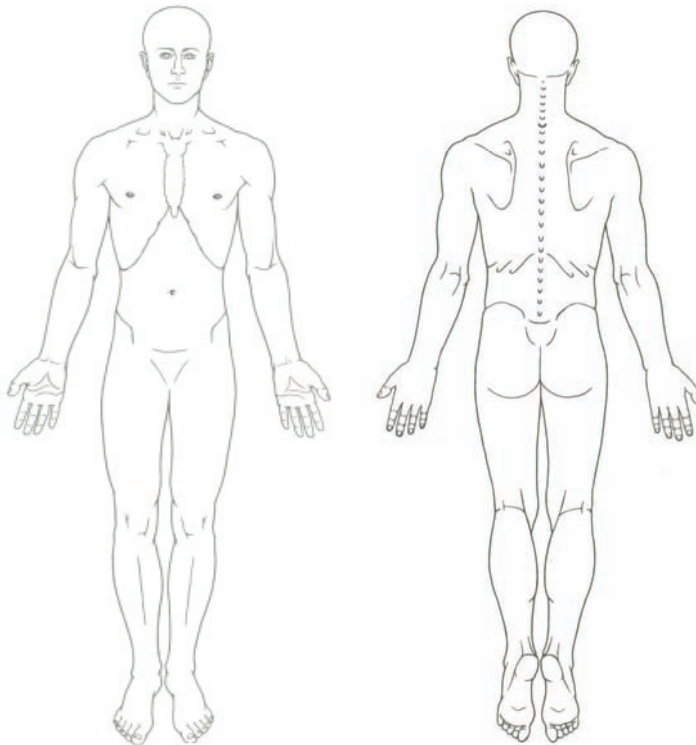
Name of previous practitioner: _____

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