

CLIENT HISTORY FORM

Name..... Date of initial visit.....

Address.....

Post Code..... D.O.B.....

Phone..... Mobile.....

Email.....

Occupation.....

Emergency Contact.....Phone

Referred by..... Health Fund.....

Doctor..... Extras Cover Y N

Whilst massage is generally very beneficial, it may sometimes not be appropriate, or it may need to be modified to best suit your needs and state of health. The following information will assist in establishing this.

Physical/recreational activities: _____

Sleeping Patterns: _____

Have you had a massage before? _____

Preferred pressure during massage: () Light ___ Medium___ Firm___

Do you experience any difficulty lying on your front/back? Y N _____

Have you had any recent surgery? Y N _____

General health/wellbeing: _____

Main reason for visit today – eg. Relaxation, pain relief, stress _____

History of presenting problem (how it happened, current symptoms, duration etc.)
.....
.....

Behaviour of pain – constant/with movement/with activity/sharp/shooting/dull aching
.....

Aggravating factors – activities/postures/stresses
.....

Relieving factors – movement/rest/posture/heat/cold
.....

Previous treatment for complaint.....

Treatment Goals – what would you like to get out of your treatment?
.....
.....

MEDICAL HISTORY

Are you currently under medical/therapeutic treatment? YES / NO

If so, for what condition? _____

Musculoskeletal:

Bone or joint; sprains/strains; fractures

Osteoporosis YES NO

Soft tissue; whiplash YES NO

Arthritis YES NO

Details/notes:

Nervous:

Headaches YES NO

Numbness/tingling/weakness YES NO

Migraines YES NO

Details/notes:

Cardiovascular:

Heart condition YES NO High / Low blood pressure YES NO

Varicose veins; blood clots YES NO

Details/notes:

Respiratory:

Asthma YES NO Sinus problems; hay fever YES NO

Breathing difficulties YES NO

Details/notes:

Allergies:

| | | | | | |
|------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| Medication | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Skin condition/disorder | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |

Details/notes:

Current Medication:

| | | | | | |
|-------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| Pain | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Anti-inflammatories | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Respiratory | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Blood thinners | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |

Details/notes:

Other:

| | | | | | |
|----------|------------------------------|-----------------------------|----------|------------------------------|-----------------------------|
| Cancer | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Diabetes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pregnant | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Epilepsy | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |

Details/notes:

Other comments:

CANCELLATION AND NON-ATTENDANCE POLICY

Clients are able to cancel or reschedule an appointment at anytime, without incurring a fee, provided 24 hours notice is given. This allows the opportunity to offer the session to another client. If you cancel with less than 24 hours notice, or fail to attend, you will be charged a Late Cancellation Fee equal to 50% of the full session fee. It is important to note that third parties, (ie Worksafe) will not pay for missed appointments, so you will be responsible for the entire Late Cancellation Fee. Please note also that Late Cancellation Fees are not eligible for Health fund rebates.

UNATTENDED APPOINTMENTS

Late cancellations result in insufficient time to reallocate appointments for those waiting.

In fairness to other clients, we deem it unreasonable to continue offering sessions to those who regularly miss or cancel their appointments at late notice and as such, after 2 unattended appointments you will be required to pay the full session fee at time of booking to secure a new appointment.

Your understanding of this policy and payment on the day is appreciated.

Consent Form

I, _____ have chosen to consult with and hereby give consent for massage therapy to be provided by Karen Allison.

Consent is required to massage each part of the body. Please indicate which areas you would like to include:

Full body including all the below areas OR

Back Buttocks Legs Feet Arms Stomach Chest Face Head

It is my choice to receive massage therapy. I realise that the treatment is being given to promote my wellbeing. I agree to communicate with my massage therapist if at any time I feel my wellbeing is being compromised.

I understand that it is not the role of my massage therapist to diagnose injury or illness, or prescribe me medications. I acknowledge that massage is not a substitute for medical examination or diagnosis and that it is recommended I see a primary health care provider for that service.

I understand that massage may provide benefits for certain conditions but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general wellbeing.

I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I have stated all medical conditions of which I am aware and will update my massage therapist of any changes in my health status during any further treatments.

I agree to the above cancellation and non-attendance policy.

Signature..... Date.....