SYDNEY REMEDIAL MASSAGE

CLIENT INFORMATION and CONSENT FORM

Mr/Mrs/Ms/Dr:_____ Sex: M / F D.O.B: _____

Address: _____ Suburb: _____ State: _____ P/C: _____

Telephone: (M) _____ (H) _____ (W)_____

Email: _____

Occupation: _____ Health fund: _____

Emergency contact: _____Tel: _____

MEDICAL HEALTH INFORMATION

Doctor / Midwife: _____ Tel: _____

If pregnant: Number of weeks pregnant at present? _____ Est. due date: _____

Is this your first pregnancy? Y / N How many children do you have? _____

History of miscarriage or premature births? _____

Please indicate if you have ever had or currently have any of the following:

1. Allergies _____	Y / N	2. Anxiety _____	Y / N
3. Breathing difficulties / asthma_____	Y / N	4. Diabetes _____	Y / N
5. Cardiovascular disease _____	Y / N	6. Dizziness / Vertigo _____	Y / N
7. Depression _____	Y / N	8. Fatigue _____	Y / N
9. Epilepsy _____	Y / N	10. Leg cramps _____	Y / N
11. Hepatitis / HIV _____	Y / N	12. Low / high blood pressure _____	Y / N
13. Joint replacements _____	Y / N	14. Persistent / severe headaches _____	Y / N
15. Liver or kidney problems _____	Y / N	16. Swelling in arms / hands / face_____	Y / N
17. Skin disorders _____	Y / N	18. Swelling in legs / feet _____	Y / N
19. Stroke _____	Y / N	20. Varicose veins _____	Y / N
21. Smoker / Ex-Smoker / Non-Smoker ? (Please circle one)		22. Visual disturbances (blurring / spots)_	Y / N

Are you currently taking any medications? _____

Are you currently experiencing any pain? _____

_____

Do you have any injuries? _____

What do you do for exercise? _____

How often? _____

What is the reason for today's visit and how often do you have massages? What type(s)?

_____

_____

Please indicate your preference: Firm / Medium / Soft pressure

Relaxation / Remedial / Sports Massage

Do you visit any other health practitioners? Yes / No

If yes, please specify _____

_____

What are your hobbies?

_____

_____

How did you hear about Sydney Remedial Massage? Please indicate:

- ☐ Professional Referral / Friend Name: _____
- ☐ Printed advertising Where / When? _____
- ☐ Online Source: _____
- ☐ Other Please specify: _____

By signing below, I _____ affirm that the information provided is current and true. I will inform the therapist of any future changes and acknowledge that there will be no liability on the therapist's part should I fail to do so, or if I have failed to disclose any other relevant information.

I hereby give my consent for Sydney Remedial Massage to proceed with my treatment and agree to receiving further correspondence.

Signed: _____ Date: _____

Privacy Policy.

The information obtained above will be treated as confidential and is only used for the purposed which it is collected. Information will be kept on file and will not be released to any third party without the express consent of the client or as required by law.