MASSAGE CLIENT CASE HISTORY FORM

(Please return to reception when complete)

Title (please circle): Mr / Mrs/ Ms/ Miss/ Mstr		Other:
Surname:	First name:	
DOB:		
Address:		
E-Mail:		Post Code:
Telephone (H):	(W):	(M):
Occupation:	Private Health Insurer:	
Who can we thank for referring you?		

Are you happy to receive sms reminders for upcoming appointments? Y N

We send out a monthly newsletter, do you wish to receive this? Y N

We are on Facebook please search Noosa Chiropractic and like our page.

How long since your last massage? ……

Please tick if you currently suffer from, or write (P) if in the past you have suffered from any of the following conditions:

- ☐ Spinal/Back problems
- ☐ Headaches
- ☐ Asthma
- ☐ High/Low Blood Pressure
- ☐ Osteoporosis
- ☐ Varicose Veins
- ☐ Cancer
- ☐ Surgery in past 12 months
- ☐ Bruising
- ☐ Allergies
- ☐ Heart Condition
- ☐ Joint Injury
- ☐ Arthritis
- ☐ Haemophilia
- ☐ Immune Deficiency
- ☐ Skin Disorder
- ☐ Numbness/ Tingling
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Recent bone Fracture
- ☐ Enlarged Lymph Nodes
- ☐ Thrombosis
- ☐ An infectious condition

Are there any other conditions that I should be aware of? Y N

If yes, please provide details: ……

……

Please provide details of any other treatment you've had (eg: acupuncture/chiro/physio):

……

Are there any medications you are currently taking?……

……

Are you pregnant or likely to be pregnant? Y N If yes, how many weeks?.....

(Please turn over)

Reason for visit/presenting complaint:

Please put an (X) on any areas of concern for treatment today

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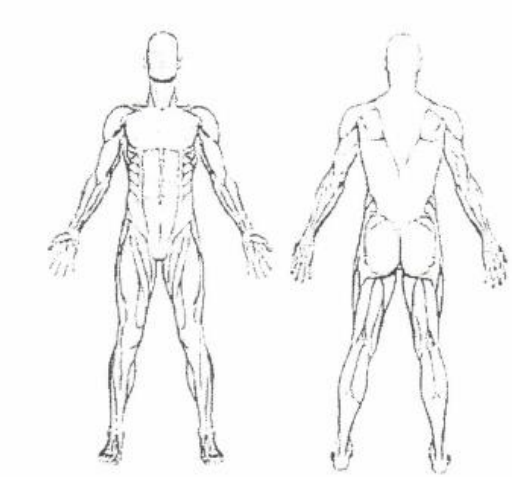

Remedial Massage may include *face, head, chest, stomach, back, buttocks, arms, legs and feet* depending on the area of the problem.

Please indicate any area you <u>would not</u> like to have included in the massage

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Remedial Massage therapy is provided for stress reduction, relief from muscular tension, improvement in postural function and improvement of circulation and energy flow.

Remedial Massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness. If you are in doubt, consult your medical practitioner.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/ strokes can be adjusted to my level of comfort. I understand that Remedial Therapy involves deep soft-tissue work, and depending on the severity of the problem it is normal to feel some muscle soreness and tenderness within the days following the treatment.

I affirm that I have notified my therapist of all known medical history and I agree to inform the therapist of any changes in my health and any medical condition.

I give consent, by signing below, to cover the entire course of treatment for my presenting complaint(s), and for any other future condition(s) for which I seek treatment from the below named Remedial Masseuse and any of the registered Practitioners practicing at Noosa Chiropractic and Skin Health Noosa.

I have read, or have had read to me the above consent and I have also had an opportunity to ask questions about this content.

Client signature:..... Date:.....

Therapist Signature:..... Date: .....

Noosa Chiropractic

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Noosaville, Qld, 4566

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