

## CLIENT CASE HISTORY FORM

(Please return to reception when complete)

Title (please circle): Mr / Mrs/ Ms/ Miss/ Mst		Other:	
Surname:		First name:	
DOB:			
Address:			
Email:			Post Code:
Telephone (H):	(W):	(M):	
Occupation:		Private Health Insurer:	
Please list any recreational activities:			
Who can we thank for referring you?			

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

**Are there any other conditions/ any present injuries that I should be aware of?    Y    N**

**If yes, please provide details:** .....

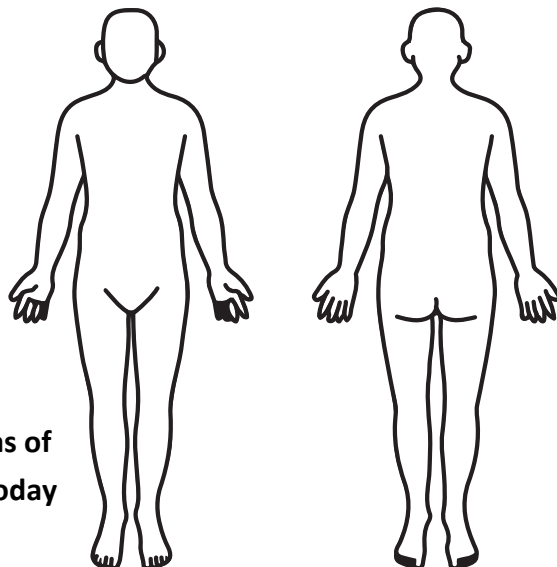
**Please provide details of any other treatment you've had (eg: acupuncture/chiro/physio):**

**Are there any medications you are currently taking?.....**

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

**Reason for visit/presenting complaint:**

.....  
 .....  
 .....



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

Please turn over

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 would not like to have included in the massage.***

.....

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 conditions.

### **Appointment Cancellation Policy Agreement**

**Please call us on 07 3351 0933 at least 24 hours prior to your scheduled appointment to notify us of any changes you need to make. To change a Monday appointment, please call our clinic by 12noon on Saturday. If prior notification is not given, you will be charged 50% of the cost of the visit for the missed appointment.**

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

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



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Ferny Hills 4055

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