



# Body Balance Wellness & Massage

Therapeutic Remedial Trigger Point Therapy Myofascial release

## Personal Details

Date: 17-12-14

Your personal information is kept strictly confidential and only used for contact purposes.

Name: Dr / Mr / Mrs Miss / Ms DAVIES ADELL DOB: 10-8-1931

Address: 10 PICKER ST CROOKWELL

Phone: (daytime) 02 48 32158 Occupation: RETIRED Email: \_\_\_\_\_

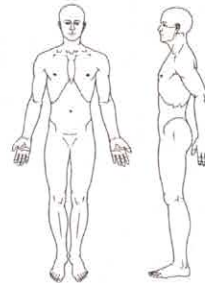
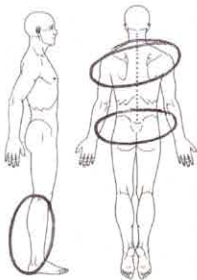
Do you belong to a Health Fund (Please name)? BUPA Are you covered for Massage Therapy? Yes / No

I am grateful that my business grows by referral. Were you referred by anyone?

Friend Family Facebook Website Other (Please specify)? \_\_\_\_\_

## Area of Discomfort or Concern

Please mark on the diagrams below any areas of discomfort or concern.



When did you first notice the problem?  
What were you doing?

after back Surgery

What makes your symptoms better?

What makes your symptoms worse?

## Medical History

Do you have or have you ever had:

A serious injury (MVA, sporting, fall, accident) Yes / No \_\_\_\_\_

Spinal Disorder Yes / No \_\_\_\_\_

Recent surgery Yes / No \_\_\_\_\_

Medical condition Yes / No \_\_\_\_\_

Allergies (particularly nuts/oils) Yes No \_\_\_\_\_

Asthma Yes No \_\_\_\_\_

Headaches Yes No \_\_\_\_\_

Blood pressure (please circle) Low Normal High \_\_\_\_\_

Are you currently taking any medication (please list): Kalma, Temaze, Cardizem CD, Rabeprazole

Are you having treatment for any injury or ailment at present? \_\_\_\_\_

Are you pregnant? Yes / No \_\_\_\_\_

In line with privacy laws you must give your consent if we are to contact you by mail. Please indicate your preference.

I DO / DO NOT consent to be contacted by mail with information relevant to my care.

**Fees are to be paid on the day of service, unless prior arrangements are made**

Name: ADELL DAVIES Signed: A Davies

Date: 17/12/14

216 Goulburn Street Crookwell NSW 2583

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