

## Tarengower Remedial Massage

**From:** Squarespace <form-submission@squarespace.info>  
**Sent:** Friday, 4 November 2022 1:18 PM  
**To:** tarengowerm@gmail.com  
**Subject:** Form Submission - Client History Form

Sent via form submission from [Tarengower Remedial Massage](#)

**Name:** Sam Hudson

**Identify as:** Female

**Email:** samhudson46@hotmail.com

**Phone:** 0411 430 340

**Date of Birth:** 11/17/1946

76

**Occupation:** Retired

**Sports / activities:** No sports, basically sedentary lifestyle

**Health fund:** HCF

**Private health extras cover?:** Yes

**Emergency Contact Name:** Ros Hart

**Emergency contact phone:** 0438 762 280

**Do you have any limitations for treatment?:** Yes, No

**What are your expectations for treatment?:** Better movement and blood flow around tight muscle areas - glutes and right leg, in particular. ✓

**Is there a possibility that you are pregnant?:** No

**Varicose Veins:** Yes ✓

**Sunburn:** No

**Recent surgery / scar tissue:** No

**Major operations / accidents:** No

**Inflamed / painful areas:** Yes

L & R HIP - arthritis

**High / low blood pressure:** Yes

**Circulatory disorders:** No Yes

ATRIAL Fibrillation diagnosed 07/21

**Supplements:** Yes L Vitamin D, C, Fish oil.

Neck / spine injury: No

Arthritis: Yes Cx, HIPS

Skin Diseases: No

Allergies: Yes Beta Blockers, elastoplast,

Diabetes: No

DVT / blood clots: No

Fractures / dislocations: No

Raised temperature: No

Headaches / migraines: No

Strains / sprains: No

Cancer: No

Infectious conditions: No

Medications: Yes Panadol Osteo, Blood Pressure, Alogus (blood thinner)  
calcium channel blocker

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cortisone 8/9/22  
injection

→ HIP (bursitis)

**Consent for Treatment****I understand that:**

- This is a massage treatment and is not a medical or allied health treatment (physiotherapy, osteopathy, chiropractic)
- I have viewed the therapists' qualifications
- The risks specific to my individual circumstances may have a bearing on my decision to proceed with the proposed treatment
- The therapist reviewed my health history before treatment commenced
- The therapist explained that the physical assessment I received may involve partial undressing and may require the therapist to palpate (touch) the area(s) of my body relevant to my presenting condition
- The therapist explained the treatment options to me
- The therapist explained the associated risk and possible side effects with the treatment options as described
- The therapist discussed the massage procedures, the areas of the body to be treated, the undressing and dressing procedures, the draping procedures and the positioning on the table for and during treatment
- The therapist established that the treatment session will be stopped should the treatment as first agreed to, require modification. The therapist will explain the reason for the change and any risks and/or side effects as a result of the change
- I can ask any questions in regard to any modification to the treatment plan. I should be totally comfortable with the explanation and reasoning for the change before consenting to the modification to the initial treatment plan
- The therapist has explained that I have the right to refuse treatment, to make changes to the treatment and to stop the massage at any time
- I have the right to request evidence for treatment that may include the abdomen, anterior and lateral chest, and buttock and / or groin areas. I understand I have the right to refuse treatment of these areas
- If I agree to treatment to any of the areas mentioned in the point above, I may be requested, by the therapist, to complete a consent form relevant to those areas

**Only sign below if the above information is understood and has occurred**

**Client**  
Name: SANDRA HUDSON Signature:  Date: 20.11.22

**Parent/Guardian**  
Name: \_\_\_\_\_ Signature:  Date: \_\_\_\_\_

**Therapist**  
Name: Paul Gilders Signature: \_\_\_\_\_ Date: \_\_\_\_\_