



## TARRENGOWER REMEDIAL MASSAGE

## CLIENT HISTORY FORM

### Client Details:

Name: JACQUI BUTLER

Date of Birth: 8/11/57 Identify as: M ( ) F ( )

Contact phone number: 0416526996

Email address: agbjb11@gmail.com

Occupation: RETIRED

Emergency Contact: Name: 0477772159

Health Fund: HSF

Relationship: HUSBAND Phone: AS ABOVE

Extras cover? "

Sports Activities: walking

### Contraindications and Medical History:

1. Do you have any limitations for treatment?
2. [Female only] Is there a possibility you are pregnant?
3. What are your expectations for treatment?

Yes No

Yes No

PAIN RELIEF

Varicose veins Yes No  
Sunburn Yes No  
Recent surgery/scar tissue Yes No  
Major operations/accidents Yes No  
Inflamed/painful areas Yes No  
High/low blood pressure Yes No  
Pacemaker Yes No  
Circulatory disorders Yes No  
Supplements Yes No  
Neck/spine injury Yes No  
Arthritis Yes No

Skin diseases Yes No  
Allergies Yes No  
Diabetes Yes No  
DVT/blood clots Yes No  
Fractures/dislocations Yes No  
Raised temperature Yes No  
Headaches/migraines Yes No  
Strains/sprains Yes No  
Cancer Yes No  
Infections conditions Yes No  
Medications Yes No

- grasses

- Blood Pressure  
Blood Thinner  
Statins

Blue  
34/15  
high

not  
diagnosed

## 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:

JACQUI BUTLER

Signature:



Date:

18/9/23

Parent/Guardian

Name:

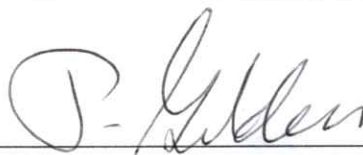
Signature:

Date:

Therapist

Name: Paul Gilders

Signature:



Date:

18/9/23