



MASSAGE &
LYMPHATIC DRAINAGE
ELTHAM

Tani Gray



MASSAGE & LYMPHATIC DRAINAGE ELTHAM

CLIENT INTAKE

Name Tani Gray Age 53
Email tanigrayis@gmail.com Mobile 0477 804447

MEDICAL HISTORY

Do you have or have you had any of the following conditions? If yes, please select them:

- | | | |
|--|---|---|
| ☒ Arthritis / joint disorder | ☐ Eczema | ☐ Pregnant |
| ☐ Artificial joint | ☐ Epilepsy | ☐ Recent accident/injury |
| ☒ Asthma | ☐ Fibromyalgia | ☐ Recent fracture |
| ☐ Blood disorder | ☒ Fluid retention | ☐ Seizures/epilepsy |
| ☐ Back/neck problems | ☐ Headaches/migraines | ☐ Skin disease/lesions |
| ☐ Cancer | ☐ Heart condition | ☐ Sprains/dislocations |
| ☐ Carpal tunnel syndrome | ☐ High/low blood pressure | ☐ Strains |
| ☐ Circulatory disorder | ☐ HIV | ☐ Swollen glands |
| ☐ Decreased sensation | ☐ Immune disorders | ☐ Tennis/golfers elbow |
| ☐ Deep vein thrombosis | ☐ Keloid scarring | ☐ Thyroid issues |
| ☐ Diabetes | ☐ Open sores or wounds | ☐ TMJ |
| ☐ Easy bruising | ☐ Osteoporosis | ☐ Varicose veins |

If you have selected any issues above, please provide details below;

mild asthma - controlled.
Arthritis in hands

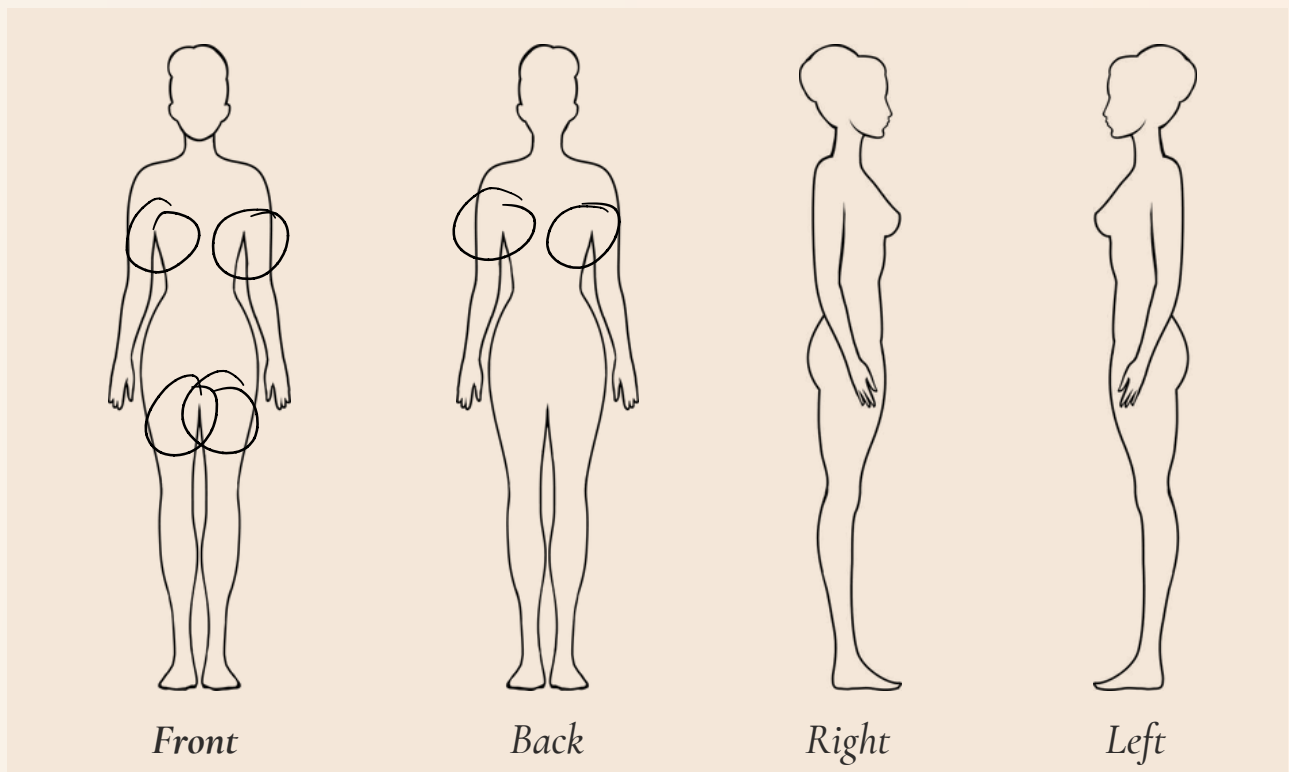
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	Y	N
Have you had a professional massage before?	☒	☐
Do you have difficulty lying on your front, back or side?	☐	☒
Do you have allergies to oils, creams, lotions or ointments?	☐	☒
Do you have sensitive skin?	☒	☐
Are there any areas (ie feet, face) you do not want massaged?	☐	☒

What type of massage are you seeking? ☐ Relaxation ☒ MLD ☐ Remedial
What pressure range do you prefer? ☐ Light-Medium ☐ Medium-Firm

Mark any specific areas you would like your therapist to concentrate on:



Please provide details;



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CONSENT FORM

Client's Name Tani Gray

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment.

I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history.

I understand that a 50% cancellation fee may apply if I do not provide a minimum of 24 hours notice.

My signature acknowledges that I have read and agree to receive the massage therapy and that I will adhere to all of the aforementioned statements.

Tani Gray

Client Name

[Signature]

Client Signature

31.07.25

Date

Therapist Name

Therapist Signature

Date