



MASSAGE &  
LYMPHATIC DRAINAGE  
ELTHAM

Natalie



MASSAGE & LYMPHATIC DRAINAGE ELTHAM

# CLIENT INTERVIEW

Name Nicole Tien Age 18  
Email nicole.tien@gmail.com Mobile 0468054151

Have you had a professional massage before?

☒ Y ☐ N

Do you have difficulty lying on your front, back or side?

☐ Y ☒ N

Do you have allergies to oils, creams, lotions or ointments?

☐ Y ☒ N

Do you have sensitive skin?

☐ Y ☒ N

Are there any areas (ie feet, face) you do not want massaged?

☐ Y ☒ N

What type of massage are you seeking?

☐ Relaxation

☐ MLD

☒ Remedial

What pressure range do you prefer?

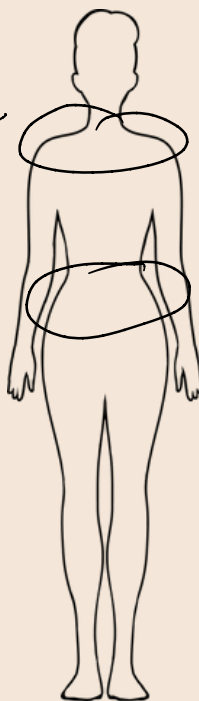
☐ Light-Medium

☒ Medium-Firm

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



Front



Back



Right



Left

Subjective Observation: \_\_\_\_\_

2 w low back pain from prolonged standing  
at work - Relieved by sitting  
Tight neck & shoulders from stress



# MASSAGE & LYMPHATIC DRAINAGE ELTHAM

## CLIENT INTERVIEW

### MEDICAL HISTORY

Please tick if you currently have or have had any of the following conditions or issues.

#### GENERAL

- ☐ Allergies
- ☐ Cancer
- ☐ Diabetes
- ☐ Fatigue / CFS
- ☒ Headaches / Migraines
- ☐ HIV
- ☐ Infectious Conditions
- ☐ Kidney Problems
- ☒ Stress
- ☐ Vision Issues
- ☐ Hearing Loss

#### RESPIRATORY

- ☐ Asthma / Lung Issues
- ☐ Difficulty Breathing
- ☐ Cold / Flu
- ☐ Sinusitis / Sinus Issues

#### REPRODUCTIVE

- ☐ Menopause
- ☐ Perimenopause
- ☐ Painful Menstruation
- ☐ Pregnant

#### SKIN CONDITIONS

- ☐ Eczema
- ☐ Fungal Infection
- ☐ Skin Infection
- ☐ Psoriasis
- ☒ Rash

#### DIGESTIVE

- ☐ Abdominal Pain
- ☐ Constipation
- ☐ Diarrhoea
- ☐ Digestive Disorder
- ☐ Irritable Bowel

#### MUSCULOSKELETAL

- ☐ Arthritis
- ☐ Carpal Tunnel Syndrome
- ☐ Jaw Pain / TMJ
- ☐ Joint Pain
- ☐ Joint Injury
- ☐ Joint Replacement
- ☒ Muscle Pain
- ☐ Muscle Injury
- ☐ Osteoporosis

#### CARDIOVASCULAR

- ☐ Blood Clots
- ☐ Heart Issues
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Poor Circulation
- ☐ Swollen Ankles
- ☐ Fluid Retention
- ☐ Varicose Veins
- ☐ Other

#### NERVOUS SYSTEM

- ☐ Depression
- ☐ Dizziness
- ☐ Epilepsy
- ☐ Menieres
- ☐ Numbness
- ☐ Sciatica
- ☒ Sleep Difficulties
- ☐ Tingling

Other medical conditions not listed; \_\_\_\_\_



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# CLIENT INTERVIEW

Recent injuries or accidents; \_\_\_\_\_

\_\_\_\_\_

Recent illness; \_\_\_\_\_

\_\_\_\_\_

Recent long flights; \_\_\_\_\_

\_\_\_\_\_

## Subjective Observations:

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# CONSENT FORM

*Natalie Tien*

*Client's Name*

I understand that the massage I receive is intended for relaxation and relief of muscular tension. If I feel any pain or discomfort during the session, I will let the therapist know immediately so they can adjust the pressure to my comfort level.

Massage should not be regarded as a replacement for medical examination, diagnosis, or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the course of treatment should be taken as such.

I confirm I have disclosed all my medical conditions and answered all questions honestly. I agree to inform the massage therapist of any updates to my medical profile, and I understand that the therapist is not liable for any consequences resulting from my failure to do so.

I understand that the massage therapist reserves the right to refuse massage to anyone they consider having a contraindicated condition.

When receiving a MLD massage, it is up to the client to decide whether to remove undergarments such as a bra and underwear. Suitable towelling is provided for the chest and groin areas regardless of this choice.

*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.*

*Natalie Tien*

*Client Name*

*Natalie Tien*

*Client Signature*

*10/07/25*

*Date*

*Tami Gray*

*Therapist Name*

*Tami Gray*

*Therapist Signature*

*10.07.25*

*Date*



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# CLIENT INTERVIEW

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

Subacute low back pain originating from  
H\* (L) QL caused by prolonged standing w/  
poor posture, exacerbated by anterior tilt  
caused by dance posture.

QL & ES - LG, TG, TP, Glide & stat cupping.

H\* u/traps & lev scap caused by shoulder  
deviation due to stress.

u/traps & lev scap - LG, TG, TF, Glide  
& stat cupping.

Next treatment in 7 days - 16.07.25



MASSAGE & LYMPHATIC DRAINAGE ELTHAM

# CLIENT INTERVIEW

Name Natalie Trevi

Date 10.07.25



Front



Back



Right



Left

Subjective symptoms: Complaints / Onset / Location / Intensity / Frequency / Aggravating Factors

2 w low back pain from prolonged standing  
at work - Relieved by sitting  
Tight neck & shoulders from stress

Objective findings: Visual assessment - Palpation / Test results

H<sup>+</sup> QL & ES (R)

H<sup>+</sup> traps & Lev scap (B)

Assessment goals: Identify client's condition & analyse progress

Reduce shoulder elevation in response to stress  
work to stretch & strengthen to address  
Ant pelvic tilt.

Plan: Future treatment / Frequency / Selfcare

Gx stretches & mindfulness around shoulder  
elevation in response to stress.

Next treatment booked for 7 days = 16/7/25