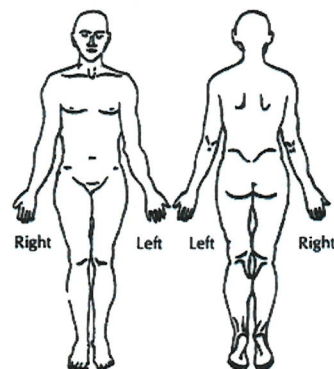


Personal Information – your honest info helps plan the best treatment for you.			
Full Name <u>PAUL MAJER</u>		Date of Birth <u>19/01/76</u>	
Postal Address <u>37 AMETHYST STREET</u>		Postcode <u>4868</u>	
Home Phone <u>40545105</u>	Work Phone	Mobile <u>0909162768</u>	
Please circle: what is the fastest way to get a response from you (e.g. when confirming an appointment) <input checked="" type="radio"/> Text Message <input type="radio"/> Home Telephone <input type="radio"/> Work Telephone <input type="radio"/> Email <input type="radio"/> Facebook Message			
Email Address <u>shell4pm@bigpond.com</u>			
Emergency Contact Details – Name and Number <u>Mum Majer</u>		Relationship to you (e.g. Partner) <u>MOTHER</u>	
Occupation – how long? <u>Truck 20 years</u>	Current Doctor	Health Fund <u>Medicare</u>	
How did you find out about us? Who referred you to us? <u>FAMILY</u>		May I thank them for referring you? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Physical activities / hobbies / exercise. Do you sit or stand for long hours? (E.g. computer / driving) <u>SPORT</u>			
Medications – prescribed or natural: <u>N/A</u>			
Medical History (Operations/Illnesses/Accidents/Injuries) <u>N/A</u>			
Please circle any areas you DON'T want massaged Face Head Chest Stomach Back Buttocks Arms Legs Feet			
Please circle what type of massage pressure you prefer: Gentle Firm Hard <input checked="" type="radio"/> Very Hard			

Some conditions affect massage. Please tick and circle things below that apply to you NOW.

- | |
|---|
| <input type="checkbox"/> Allergies / Asthma / Sinus / Skin sensitivity |
| <input type="checkbox"/> Any contagious disease / Cold/Flu |
| <input type="checkbox"/> Anxiety / Depression / Trouble sleeping or falling asleep |
| <input type="checkbox"/> Arthritis / Bone problems / Osteoporosis / Spinal problems |
| <input type="checkbox"/> Bruise Easily / Blood clotting problems / Swelling |
| <input type="checkbox"/> Cancer / Recent Illness / Surgery |
| <input type="checkbox"/> Constipation <input type="checkbox"/> NOW <input type="checkbox"/> SOMETIMES <input type="checkbox"/> MOST OF THE TIME |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2 |
| <input type="checkbox"/> Dizziness / Numbness / Tingling / Cold hands / Cold feet |
| <input type="checkbox"/> Fractured bones / Cuts / Burns |
| <input type="checkbox"/> Headache <input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> PERSISTENT |
| <input type="checkbox"/> Hearing or Vision problems / Hearing Aid / Contact Lenses |
| <input type="checkbox"/> Heart Problems / Blood Pressure <input type="checkbox"/> HIGH <input type="checkbox"/> LOW |
| <input type="checkbox"/> Pain <input type="checkbox"/> SHARP <input type="checkbox"/> DULL <input type="checkbox"/> ACHING |
| When is your pain worst? <input type="checkbox"/> MORNING <input type="checkbox"/> NIGHT <input type="checkbox"/> ALL THE TIME |
| What relieves it? <input type="checkbox"/> ICE <input type="checkbox"/> HEAT <input type="checkbox"/> REST <input type="checkbox"/> MOVEMENT <input type="checkbox"/> PILLS |
| TOPICAL CREAM <input type="checkbox"/> other - |

Please circle areas of soreness or pain on the body chart:



Any extra health related details:

Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulations.
I will keep my massage therapist updated on any changes to this information and my health.

Client Signature

Date 01/05/19 Therapist Signature



PLEASE READ THIS INFORMATION CAREFULLY

Every massage treatment has potential risks...

Such as causing pain, muscular discomfort, fatigue, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating existing conditions, creating an aromatic response (irritating/photo-sensitising skin), causing blood pressure changes or interacting with medications.

To minimise possible risk, you must:

Be honest

About all the information you provide regarding your health: especially for heart, kidney, immune or health problems or if you are pregnant/breastfeeding or trying to get pregnant. Massage should not be performed under certain medical conditions.

Tell your therapist

If you have sensitive skin, bruise easily, have any known health problems, if the temperature becomes unbearable (too hot or cold), if the massage pressure level is too intense or if you become uncomfortable or feel unwell at any stage during a treatment.

After treatment

It is common to feel relaxed or sleepy – please get up very slowly from the treatment table and give yourself time to adjust before driving/using stairs. Keep well hydrated with water especially in the 24-48 hours after treatment. Delay your shower for 2 hours to help essential oils keep working.

Please read, confirm and sign

- ☒ I understand there are possible significant risks, complications and side-effects to any treatment I receive.
- ☒ I know that the therapist and I both have the right to refuse or stop any treatment at any time.
- ☒ I have the right to ask for further information or to refuse treatment of breast, buttock or groin areas.
- ☒ I agree to read the information brochure I will be given to take home at the end of my first treatment.

It may be necessary to discuss your condition and/or treatment with your doctor, physiotherapist or referring health care practitioner - you will be informed if this occurs.

Do you agree to such discussion to improve your health? ☒ Yes ☐ No

Client Signature

Client Name

Paul Mayer

Date 01/05/19