

CONFIDENTIAL MASSAGE HEALTH HISTORY FORM

Please complete this form as best as you can and return it. Please print clearly
Name: Nurray Brown
Address: 16 BIRDWOOD ST
MARIEYRNONG Post Code: 3037
Phone home: 04 02 824 160 . Work/Mobile:
Email Address: murray ebrown @ biggond. con .
Occupation: Collector.
Date of Birth: 4 12 1.960.
Recreational Activities: golf Uolking
Contact name and telephone number in case of emergency: Chr. Finch 0407 990 996
How did you hear about us: 0407
Have you had a massage before? No
Do you experience any difficulty lying on your front? Yes (No
Do you experience any difficulty lying on your back? Yes
Please tick (V) all conditions that apply now. Put a P for past conditions
Heart, Circulatory problems Cancer/tumours Vision problems or contact lenses
High/Low blood pressureAsthma or lung conditionsHearing problems
Varicose VeinsHerniasFatigue
Blood ClotsAbdominal or digestive problemsDepression
PhlebitisArthritis/ArthrosisSeizures
Infectious DiseaseNumbness or tinglingStroke
Rash, athlete's foot/tineaMuscle, bone injuries KnewSkin Disorders
Pregnancy Headaches or migraines Prosthesis or dentures
1/2 knee replacement to ft. Arthriscoper on Right Knee
DiabetesChronic painAccident/trauma
Recent Surgeries: Knge ·
Consent is required to massage each part of the body. Please indicate which areas you would like included:
Back Buttocks Legs Feet Arms Stomach Chest Face Head
I understand that: In accordance with the scope of practice of a massage therapist as well as adhering to regulatory and
statutory requirements it is not the role of the massage therapist to diagnose injury or illness, or prescribe medication
Signature
/ Moonee Valley Hoalth U.b