



CONFIDENTIAL MASSAGE HEALTH HISTORY FORM

Please complete this form as best as you can and return it. Please print clearly

Name: CLAIRE POTTER

Address: 8 Federation St

ASCOT VALE Post Code: 3032

Phone home: 0421 623 863 Work/Mobile: _____

Email Address: claire.potter7878@gmail.com

Occupation: Manager

Date of Birth: 27.9.1974

Recreational Activities: Yoga, Running

Contact name and telephone number in case of emergency: Mum Usher 0417399636

How did you hear about us: Internet search

Have you had a massage before? ☒ Yes ☐ No

Do you experience any difficulty lying on your front? Yes ☐ No ☒

Do you experience any difficulty lying on your back? Yes ☐ No ☒

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 pressure ☐ Asthma or lung conditions ☐ Hearing problems

☐ Varicose Veins ☐ Hernias ☐ Fatigue

☐ Blood Clots ☐ Abdominal or digestive problems ☐ Depression

☐ Phlebitis ☐ Arthritis/Arthrosis ☐ Seizures

☐ Infectious Disease ☐ Numbness or tingling ☐ Stroke

☐ Rash, athlete's foot/tinea ☐ Muscle, bone injuries ☐ Skin Disorders

☐ Allergies ☒ Muscle or joint pain ☐ Previous Motor vehicle accident/trauma

☐ Diabetes ☐ Chronic pain ☐ Accident/trauma

☐ Pregnancy ☐ Headaches or migraines ☐ Prosthesis or dentures

Other medical conditions or injuries: _____

Current medications, including aspirin, ibuprofen, herbs, vitamins, etc. CO10, B, C, D & E

Magnesium, Multi Vit, Progesterone, Oxytocin

Recent Surgeries: Removal of fibroids

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: [Signature] Date: 20.9.2022

_____ Moonee Valley Health Hub _____