CONFIDENTIAL MASSAGE HEALTH HISTORY FORM

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

Name: Samuel Cossar

Address: 10/16 MAWBEY ST

KENSINGTON Post Code: 3031

Phone home: Work/Mobile: 0435 857 792

Email Address: Samuelcossar@gmail.com

Occupation: Youth Worker

Date of Birth: 16/01/88

Recreational Activities: Basketball

Contact name and telephone number in case of emergency: Sophie Scott - 0434 777 630

How did you hear about us: Google

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 (√) 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. Lithium

Recent Surgeries: ACL - 2018

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 _____ Date: 28/9/2022

Moonee Valley Health Hub