

CLIENT HISTORY FORM

Member No: 28579

Name: Address:

Date of Birth:

Gender: Phone: Occupation:

Emergency Contact Name: Emergency Contact Phone:

Recreational Activities:

Have you had a massage before? Yes No

Do you experience any difficulty lying face up? Yes No

Do you experience any difficulty lying face down? Yes No

Please tick (✓) all conditions that apply now. Please put a **P** for past conditions.

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart, circulatory problems | <input type="checkbox"/> Cancer/tumours | <input type="checkbox"/> Vision problems / contact lenses |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Asthma or lung conditions | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Hernias | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Abdominal / digestive problems | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Arthritis (Osteo / Rheumatoid) | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Infectious conditions | <input type="checkbox"/> Numbness or tingling | <input type="checkbox"/> Stroke / Seizures |
| <input type="checkbox"/> Rash, athletes' foot/tinea | <input type="checkbox"/> Muscle / bone injuries | <input type="checkbox"/> Skin disorders |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Muscle or joint pain | <input type="checkbox"/> Previous motor vehicle accident |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Accident / Trauma |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Headaches / Migraines | <input type="checkbox"/> Prosthesis or dentures |

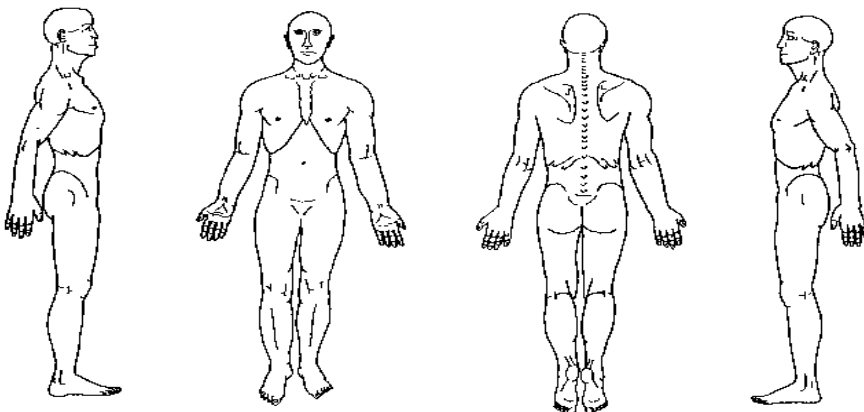
Comments:

Other medical conditions, injuries and/or surgeries not listed (past and present):

.....

Current medications (including over the counter and vitamins):

Please mark with an X any area/s of pain



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:



CONSENT FORM

Member No: 28579

Date: _____

JAMU Sports & Remedial Massage Therapist
ABN: 73779811027

I, _____ have chosen to consult with and hereby give consent for massage therapy to be provided by Jacqueline (JAMU Sports and Remedial Massage Therapist) who I understand is a member of the Australian Natural Therapists Association (ANTA).

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned. I understand that massage may provide benefits for certain conditions, but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general wellbeing. I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations. The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs. I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

Client's name in full (print): _____

Client's (or Guardian's) signature: _____

Therapist name in full (print): _____

Client (or Guardian's) signature: _____

Privacy Policy: JAMU Sports & Remedial is part of a multidisciplinary clinic that is committed to the privacy of its clients. Personal information is treated as confidential and is used only for the purpose for which it was collected. Information kept on file will not be released to a third party without the express consent of the client or as required by law.