

# CLIENT INFORMATION SHEET



SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DOB \_\_\_\_\_ HEALTH FUND \_\_\_\_\_

ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_

PHONE WK \_\_\_\_\_ MOB \_\_\_\_\_ REFERRED BY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION / LIFESTYLE \_\_\_\_\_

\_\_\_\_\_

Please tick if you have / have had any of the following symptoms or conditions:

- |   |  |
|---|--|
| <input type="checkbox"/> High/Low Blood Pressure            | <input type="checkbox"/> Arthritis               |
| <input type="checkbox"/> Heart Problems                     | <input type="checkbox"/> Osteoporosis            |
| <input type="checkbox"/> Blood clots/circulatory conditions | <input type="checkbox"/> Neck or spinal injuries |
| <input type="checkbox"/> Lower Back Issues                  | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Epilepsy                           | <input type="checkbox"/> Infectious conditions   |
| <input type="checkbox"/> Migraines/Headaches                | <input type="checkbox"/> Cancer                  |
| <input type="checkbox"/> Haemophilia/bruising               | <input type="checkbox"/> Varicose Veins          |
| <input type="checkbox"/> Fainting                           | <input type="checkbox"/> Allergies               |
| <input type="checkbox"/> Pregnant                           | <input type="checkbox"/> Diabetes                |

Please give relevant details of any of the above: \_\_\_\_\_

\_\_\_\_\_

Are you currently on any medications? \_\_\_\_\_

\_\_\_\_\_

**I have completed this information form to the best of my knowledge. I understand that massage services are designed to be a health aid and are in no way to take place of a doctor's care when it is indicated. I hereby request and consent to the performance of a remedial massage treatment on me by the massage therapist practicing in this clinic.**

**I have read the above and I have also had the opportunity to ask questions about its content. I also agree to cancel 4 hours in advance, and unless there is an emergency, expect to pay a \$20 cancellation fee.**

Signature \_\_\_\_\_ Date \_\_\_\_\_