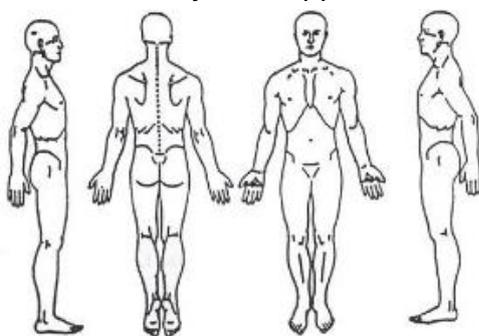


# PATIENT REGISTRATION FORM - MASSAGE

| PATIENT INFORMATION  |  |                              |                             |  |                       |  |         |           |  |
|--|--|------------------------------|-----------------------------|--|-----------------------|--|---------|-----------|--|
| Surname:   |  |                              | First:                      |  |                       |  | Middle: |           |  |
| <input type="checkbox"/> Mr  | <input type="checkbox"/> Miss  | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | Date of Birth:   |                       |  | Age:    |           | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Street address:  |  |                              |                             |  | Suburb:               |  |         | Postcode: |  |
| Email:   |  |                              |                             |  |                       | Mobile:  |         |           |  |
| Do you have private health insurance?  |  |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |                       | If Yes, Fund Name:   |         |           |  |
| How did you find out about our massage services?   |  |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Arthur Street Signage <input type="checkbox"/> Facebook <input type="checkbox"/> Google <input type="checkbox"/> From My Physio <input type="checkbox"/> Other: _____   |  |                              |                             |  |                       |  |         |           |  |
| Do you have (or previously had) any medical conditions the therapist is required to know about? <i>(please tick)</i>   |  |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Heart Problems <input type="checkbox"/> Strokes <input type="checkbox"/> Blood Clots <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Osteoporosis<br><input type="checkbox"/> Surgeries: _____  |  |                              |                             |  |                       |  |         |           |  |
| Are you currently taking any painkillers or blood thinners? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                              |                             |  |                       | If yes, which one(s)?  |         |           |  |
| Do you have any allergies to creams or tapes? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                              |                             |  | If yes, which one(s)? |  |         |           |  |
| Are you currently pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                              |                             | Congratulations! How many weeks?                         |                       |  |         |           |  |
| HELP US CREATE YOUR PERFECT MASSAGE  |  |                              |                             |  |                       |  |         |           |  |
| What type of massage would you like? <i>(please feel free to tick more than one box)</i>   |  |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Sports Massage  | This type of massage is beneficial if you have an injury from repetitive muscle use. It may help with improving flexibility and sports performance while reducing your risk of injury. |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Relaxation  | A smooth, gentle flowing style that promotes general relaxation, relieves muscular tension, plus improves circulation and range of movement.   |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Deep Tissue   | The perfect option for chronic muscle problems, such as soreness, injury, or imbalance. Deep tissue massage is great if you like added pressure applied during your massages.          |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Trigger Point Therapy   | By focusing on relieving the trigger points, it can help reduce pain and is best suited if you have chronic pain, or a specific issue or condition.                                    |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Pregnancy Massage   | A safe massage that can help reduce body aches, stress, and ease muscle tension during pregnancy.  |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Reflexology   | Uses gentle to firm pressure on different pressure points of the hands, feet and ears and is a great way to relax and or restore your natural energy.                                  |                              |                             |  |                       |  |         |           |  |
| <input type="checkbox"/> Unsure  | It's fine if you are unsure what type of massage you want. Simply discuss your symptoms with your massage therapist and they will be able to help identify what you are looking for.   |                              |                             |  |                       |  |         |           |  |
| What is your preferred pressure? <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Firm<br><br>If you would like the massage therapist to adjust their pressure, or concentrate on specific areas during the massage, please let them know at any time. We welcome the feedback as WE ARE HERE TO HELP YOU.  |  |                              |                             |  |                       | Please shade your area(s) of concern<br><br> |         |           |  |
| What is your massage talking preference?<br><input type="checkbox"/> Happy To Chat <input type="checkbox"/> Just Want To Chill & Relax <input type="checkbox"/> Not Fussed   |  |                              |                             |  |                       |  |         |           |  |
| Have you seen another massage therapist before? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, was there anything you weren't happy about?<br>_____   |  |                              |                             |  |                       |  |         |           |  |
| INFORMED CONSENT   |  |                              |                             |  |                       |  |         |           |  |
| I consent to the assessment and treatment recommended and performed by <i>Spine &amp; Sports Physiotherapy</i> in accordance with the governing body's professional guidelines. This may include soft tissue massage and acupuncture techniques. I understand that before treatment is carried out, a full explanation of the purpose and any risks of that treatment will be provided. I understand that should I wish to decline any form of assessment and treatment, then I am entirely within my right to do so and that I should inform the clinician of my wishes at the time. <i>Spine &amp; Sports Physiotherapy</i> accept no responsibility for treatment received – any professional liability is between the patient and the individual treatment therapist – all therapists are insured via their own personal policies. By signing this form I am in agreement with these terms and conditions. |  |                              |                             |  |                       |  |         |           |  |
| _____  |  |                              |                             |  | _____                 |  |         |           |  |
| <b>Patient Signature</b>   |  |                              |                             |  | <b>Date</b>           |  |         |           |  |