ChiFlow
MASSAGE
MELBOURNE

W E N E E D to K N O W (Confidential).....

Name _____

Email Address _____

Residential Address _____

Occupation and related activities _____

Sport, exercise type(s) _____Times /week? _____

Have you had any injuries? _____

Have you had any surgeries? _____

Do you have any medical conditions? _____

The following are important as massage may not be indicated, or needs to be modified. If in doubt, please seek your treating medical professional's advice.

Recent fractures,sprains,'whiplash' injuries?	**Yes** ☐ **No**☐	Undiagnosed strong pain	**Yes** ☐ **No**☐
Skin conditions or injury	**Yes** ☐ **No**☐	Conditions involving weakened bones	**Yes** ☐ **No**☐
High/Low Blood Pressure	**Yes** ☐ **No**☐	Inflammation or infectious conditions	**Yes** ☐ **No**☐
Cardiovascular Disease	**Yes** ☐ **No**☐	Varicose veins, thrombosis	**Yes** ☐ **No**☐
Malignancies -cancer:_____	**Yes** ☐ **No**☐	Haemophilia	**Yes** ☐ **No**☐
Taking pain killers?	**Yes** ☐ **No**☐	Blood-thinning medication	**Yes** ☐ **No**☐

Are you pregnant? _____

Conditions of receiving treatment

- ***you are free from alcohol or recreational drug influence while receiving treatment,***
- ***you are able to discuss your treatment plan and provide your consent,***
- ***you shall pay treatment fee as applicable, and***
- ***cancellations require at least 24 hours notice... Many thanks!***

I agree with these conditions of my treatment.

_____***Date:*** _____