

Body In Sync

@ St Ives

Date _____

Name		DOB		Gender M / F	
Address					
Suburb		State	P/Code	Email Address	
Home Phone No		Mobile Phone No		Work Phone No	
Occupation				Length of time in your current role	
Next of Kin Emergency Contact				Next of Kin's Phone Number	
Who referred you or how did you find us?					

MEDICAL INFORMATION

- Yes No *Have you had a massage before? If yes, how recently?*
 Yes No *Do you frequently suffer from stress?*
 Yes No *Do you have diabetes?*
 Yes No *Do you experience frequent headaches?*
 Yes No *Are you pregnant?*
 Yes No *Do you suffer from arthritis? Where: _____*
 Yes No *Are you wearing dentures?*
 Yes No *Do you have high blood pressure? If yes, do you take medication? Yes / No*
 Yes No *Do you suffer from epilepsy or seizures?*
 Yes No *Do you suffer from joint swelling? Where: _____*
 Yes No *Do you have varicose veins?*
 Yes No *Do you have any contagious diseases?*
 Yes No *Do you have osteoporosis?*
 Yes No *Do you have any allergies?*
 Yes No *Do you have any skin conditions?*
 Yes No *Do you bruise easily?*
 Yes No *Have you had any broken bones in the past two years? Please list: _____*
 Yes No *Have you been in an accident or suffered any injuries in the past two years? Please explain on back.*
 Yes No *Do you have cardiac or circulatory problems?*
 Yes No *Do you suffer from neck or back pain?*
 Yes No *Do you have numbness or stabbing pains anywhere?*
 Yes No *Are you very sensitive to touch or pressure in any area?*
 Yes No *Have you ever had surgery? Please explain: _____*
 Yes No *Do you have, or have you ever had, cancer?*
 Yes No *Do you have any other medical condition or are you taking any medications I should know about?*

 Yes No *Do you have tension or soreness (including sprains/strains) in a specific area? Please specify: _____*

 Yes No *Do you exercise? Please list activities, frequency, and intensity: _____*

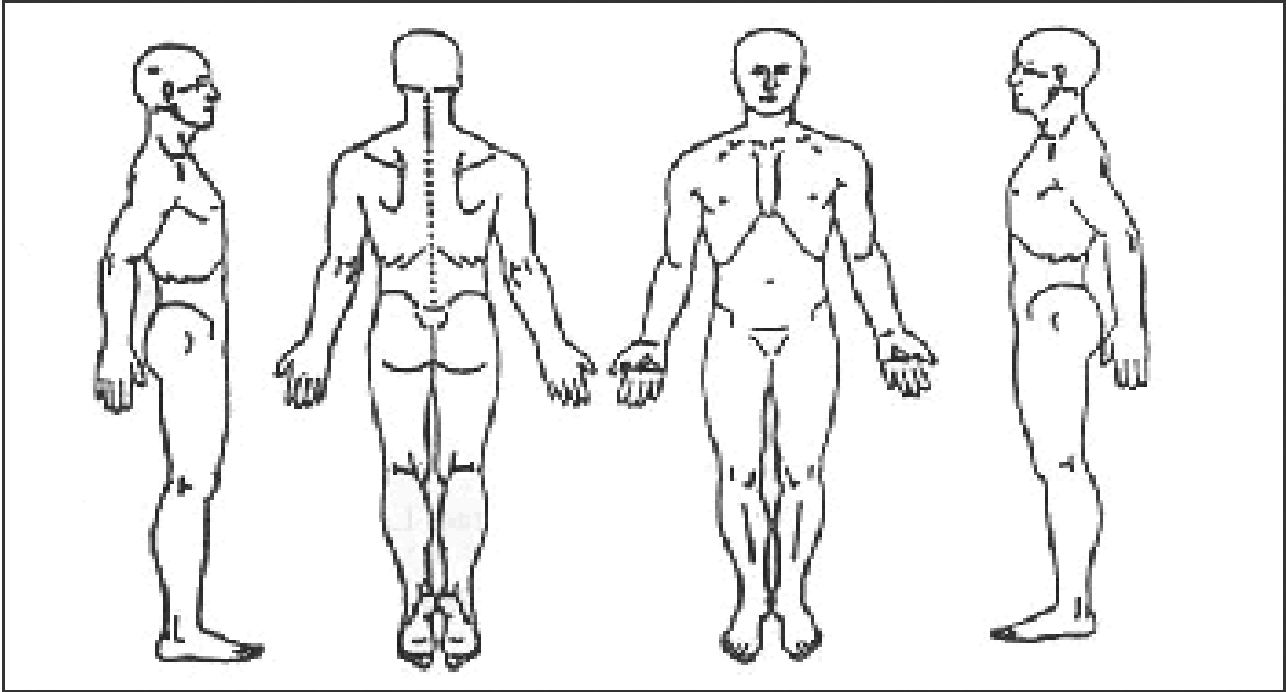
 Yes No *Do you have other concerns your massage therapist should be aware of? Please explain: _____*

Over please →

What Are You Looking For From Today's Session?

Body Map

Please indicate the areas where you are experiencing discomfort (tightness, sore, burning, bruised, injured etc)



INDEMNITY RELEASE *(Please read carefully and sign below)*

By proceeding with any Massage Therapy or Bodywork services, I hereby indemnify Body In Sync from any damages arising from any conditions I may have.

I understand that the massage/bodywork I receive is solely for the purpose of stress reduction and relief from muscular tension, spasm, or pain, increase circulation and increase range of motion. If I experience any pain or discomfort, I will immediately inform the massage/bodywork practitioner so that the pressure or methods can be adjusted to my comfort level. The therapy session may include Swedish, Remedial, Myotherapy, Trigger Point or Dorn (Back & Spinal) techniques. I realise that I will be required to remove all clothing except for underpants. Modest draping will be utilised at all times and all body parts may be addressed, except for genital areas (and breast area in women).

I understand that massage/bodywork professionals do not diagnose illness or disease, nor do they prescribe any medical treatment, but they may give me advice to see other specialists. I acknowledge that massage is not a substitute for medical examination or diagnosis and that the onus is on me to follow up such advice on my own accord.

I also understand that there may be times when the Massage Therapist deems it to be in my best interest to not provide massage services and may instead advise me to see an appropriate health practitioner, and accordingly I will not hold Body In Sync or any of its Therapists liable for with-holding massage treatment, and acknowledge it may be in my best interests that they do so.

I also understand that a single massage session or massage used on a random basis is limited to providing general non-specific relief and agree that this is a professional **NON sexual massage** and sexual conduct of any sort will not be tolerated.

I confirm that the information provided is accurate and take responsibility at every future appointment to inform Body In Sync and its Therapists of any changes to my history or circumstances. I understand that all information provided by me will be held in the strictest of confidence and will be stored securely.

Should I fail to cancel an appointment outside of 24 hours, I also agree to make payment for the missed appointment.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____