cityhaven massage therapy

City Haven Massage Therapy, at 'Idental', 3 Belmore Road, North Balwyn VIC 3104

MASSAGE CLIENT RECORD

Today's Date		
Name:		
Address:		
		Postcode:
Email:		
Phone:	(H)	(W)
	(M)	
Date of Birth		
Health Fund:		
Referred by:		
Occupation:		
Current Dr:		

Would you like to receive our email newsletter? YES/NO
(Emailed every few months with updates and information)

Medical History (Major illness, surgery, injuries – last 3-5 years):	Detail any falls, broken bones, diagnosed conditions that may affect your massage…		
Medications (Prescribed/Natural):			
Recreational Activity per week (exercise, activities, hobbies):			
Tick any of the following that apply to you today:	☐ Allergies/Asthma ☐ Pregnant ☐ Recent Illness ☐ Headache ☐ Pain/Stiffness	☐Any Skin Condition ☐ Breastfeeding ☐ Bruising ☐ Numbness/Tingling ☐Contact Lenses	☐ Drugs/Medication ☐ Heart Disease ☐ Any contagious disease ☐ Spinal/Back Problems ☐Varicose Veins
Work Cover Injury?	Y/N	If Yes, referred from:	
Emergency Contact:	Name	Phone:	
Complete Section below if the purpose of your visit today is to reduce pain or loss of movement.			
Location of Pain?			
Onset (when/how?)			
Other Symptoms:			
Type of Pain?			
Referral of Pain:			
Aggravated by:			
Degree of Pain(0-10):	Onset:	Now:	
Irritability:	Easy to Aggravate?		
	How long to settle?		
Offset (Relieved by):			
Past/Current Treatments:	*Physio, Chiro, Osteo, other massage etc*		
Result of Treatment:			