MULLUMBIMBY MASSAGE

Confidential Patient History
Please Print

PATIENT DETAILS:

Email……………………………..

Name:……………………………………………………………… D.O.B ………………………………………

Address:…………………………………………………………… HOME PHONE ….. ……………….

Occupation: ………………………………………………………… WORK PHONE ………………………….

Marital Status: ……………………………… **MOB PHONE**………………………………………

Health Fund:……………………………Workers comp Y/ N…………………………………

Previous Chiropractor: ………………………………………… Your G.P……………………………

Any Previous X Rays: ………………………… Present Medication(s):…………………………...

Signature ……………………………………………………………Date ………………………………
(Applicant or Parent/Guardian)

COMPLAINT HISTORY:

What is Your Present Complaint?
……………………………………………………………………
……………………………………………………………………
……………………………………………………………………

Any other problems ? ……………………………………………
……………………………………………………………………

How Long Has It Bothered You? …………………………… …
Cause: ……………………………………………………………… …

Is Problem Getting: Worse ☐ Better ☐ Same ☐

Have You Had This Problem Before? Yes ☐ No ☐

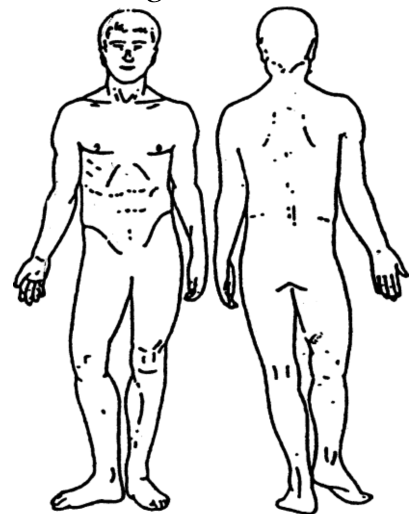
If Yes When? …………………………………………………… …
Previous Treatment:……………………………………………… …
……………………………………………………………………

Please describe the pain? E.G dull, sharp, numb
……………………………………………………………………
……………………………………………………………………

Medical History

Fractures……………………………………………………………..
Surgery…………………………………………………………
Other Hospitalisations…………………………………………….
Car Accidents……………………………………………………..
Bad/falls injuries…………………………………………………..
Other Medical problems ……………………………………………
……………………………………………………………………
……………………………………………………………………
……………………………………………………………………

Please Mark Problem Areas On Diagrams Below



PAIN SCALE

No Pain — Unbearable Pain

0-------------------5-------------------10

How did you find out about this clinic?……………………
……………………………………

Is there anything else you feel important for us to know?
……………………………………………
……………………………………………
……………………………………………
……………………………………………
……………………………………………

WELCOME TO MULLUMBIMBY MASSAGE

When performed by a qualified Massage therapist, massage is an effective and safe method of treatment for many painful and other conditions.
There are, however, risks associated with any treatment and we are required to inform you of these regardless of how small the risk may be.
Please read the following carefully, and write down any questions you may have.

I hereby request and consent to the performance of massage treatment on me by any registered therapist authorised by the Principal of MULLUMUMBIMBY MASSAGE.
I have had the opportunity to discuss with the therapist the nature and purpose of this massage treatment.

I understand that the results are not guaranteed.

I understand and am informed that, as in the practice of medicine, in the practice of massage therapy there are some very slight risks to treatment, including but not limited to, muscle and joint soreness, muscle strains, joint sprains, fractures, disc injuries and nerve injuries

I do not expect the therapist to be able to anticipate and explain all risks and complications. I wish to rely on the therapist to exercise judgement during the course of the treatment which the chiropractor feels, based on the facts known at that time, is in my best interests.

I have read the above, and have also had the opportunity to ask questions about its content.

I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw consent at any time.

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Massage Therapist	Patient's Signature
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Signature	Date