Posture Plus

MASSAGE ASSESSMENT FORM

Surname: _____ **First Name:** _____

Occupation: _____ **Male/Female** **Age:** _____

Please indicate conditions you are currently experiencing or have experienced in the past. Circle whichever is appropriate to you.

Head/ Neck Contact lenses, Headaches, Jaw pain/ TMJ disorder, Stroke, Vision problems/ loss, Other(s)……..

Respiratory Asthma, Bronchitis/ Emphysema, Chronic cough, Other(s)…….

Cardiovascular Angina, Heart attack, High blood pressure, Low blood pressure, Poor circulation, Stroke, Pacemaker/ similar device, Varicose veins, Other(s)……

Skin Bruise easily, Sensitivity, Other(s)……

Infections Hepatitis, HIV/ AIDS, Plantar warts, Rash/ Athletes Foot, TB, Other(s)……

Other conditions Arthritis, Allergies (skin irritation/ anaphylaxis), Bladder/ Bowel disturbance, Cancer, Epilepsy, Numbness/ tingling , Other(s)……

Are you Pregnant? Y/N Please indicate Due date ……
(please note: massage is contraindicated in the first trimester)

Implants Artificial joints, Pins, Wires, Other(s)……..

Surgical history Have you undergone any surgery on your body? If so, where?
……
……

Please list any current Medications
……
……

Please indicate if you have received any of the following treatments in the past:
Massage therapy, Chiropractic, Physiotherapy, Psychotherapy, Acupuncture, Nutritional consultation, Other(s)……

Any other information you feel is important for us to know before you commence treatment?
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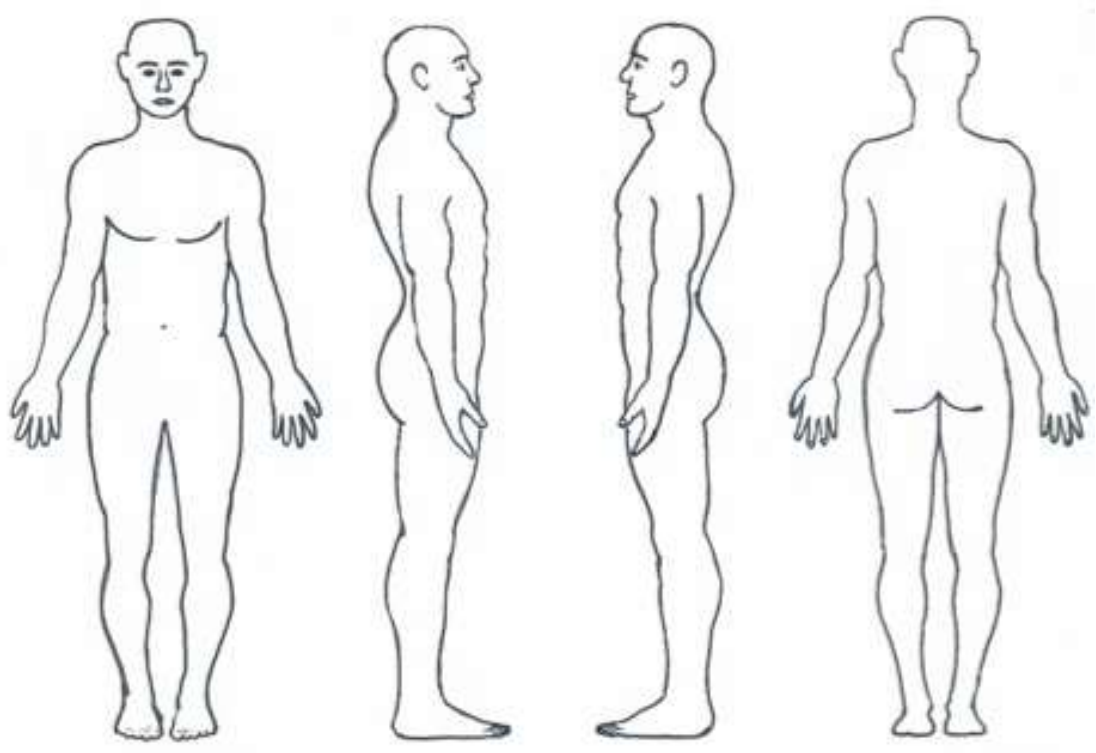
Primary complaint:

……
……
……
……

Please indicate where you are currently experiencing pain, discomfort or stiffness



It is important for you to know that you may stop or modify your treatment at any time. Also, it is normal to experience side effects such as muscle ache or tenderness for a period of up to 48 hours following your massage.

Do you consent to receive treatment? Y N
(Please circle)

Signature: _____
Date: _____

The information on this form will be kept confidential except as required by law. It is important to be accurate so that we can ensure it is safe for you to receive treatment. If your health status changes in the future, please let us know before your next treatment.