Cremorne Physio

File #:_____

Massage Questionnaire

Name:_____Date_____/_____/_____

Why have you come for a massage?_____

When did you last see a Doctor and why?_____

*When did you last see the physio and why?*_____

What medications are you currently taking and why? (Fill out the table below)

Medication Name	*To treat (e.g. asthma, high blood pressure, etc)*

Have you had any pain, or muscle tightness or soreness over the last week? Yes No

If yes, what body part is affected?_____

What have you been doing to ease the pain or muscle tightness?_____

Has this pain/muscle tightness affected your: *sleep* *work or study* *social activities* *sport or recreational activities*

Are there any other things your massage therapist should know (such as a current skin rash, an allergy to nuts or seeds, or that you may bruise easily)?_____

What are your expectations from today's session? _____

_____

Consent for treatment

I certify that the information given is correct to the best of my knowledge. I will not hold my therapist responsible for any errors or omissions that I may have made. I have disclosed all medical conditions that I am aware of and will inform my therapist of any changes in my health status.

I understand that:
The therapy service provided is a health aid. At any time during the treatment I can request changes to the pressure of techniques.

Signed……(Client) Date……/……/……

Signed…… ……(Therapist) Date……/……/……

_____

Therapist Notes: