



Painremovers Massage Therapy

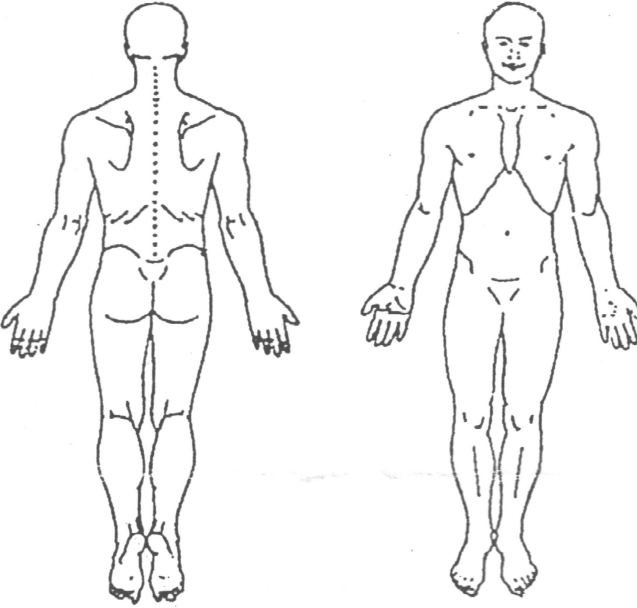
Please complete this form and bring to your massage at
27 Grove Road, Addington, Christchurch ph. 0272-184114



Personal Details

Date		Occupation		
Name		Date of Birth		
Work phone		Referred by		
Home phone		Regular Health Practitioner		
Mobile				
Address		Previous massages	Yes	No
E-mail				

Musculoskeletal questionnaire

<p>Primary Area of Complaint Please circle any areas of pain or tenderness</p> 	<p>Current Main Symptoms:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What aggravates your symptoms?</p> <p>_____</p> <p>_____</p> <p>What improves your symptoms?</p> <p>_____</p> <p>Is this condition getting progressively worse?</p> <p><input type="checkbox"/>_yes <input type="checkbox"/>_no <input type="checkbox"/>_constant <input type="checkbox"/>_comes and goes</p> <p>Is this condition interfering with:</p> <p><input type="checkbox"/>_Work <input type="checkbox"/>_Sleep <input type="checkbox"/>_Daily Routine</p> <p>How bad is on a scale of 1-10 (10 is worst)? _____</p> <p>Is there a medical diagnosis?</p> <p>_____</p> <p>Previous treatment for this condition?</p> <p>_____</p> <p>Did it help? <input type="checkbox"/>_yes <input type="checkbox"/>_no</p> <p>Other comments: _____</p> <p>_____</p>
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Please list any **secondary** symptoms in order of severity (1 most severe):

Your name:

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Past operations:

Exercise (what/how long/how often):

Broken bones:

Accidents:

General Health		Head and Neck		Shoulders and Arms	
Allergies		Headaches		Shoulder tightness	
Arthritis / Gout		Sinus trouble		Frozen shoulder	
Osteoporosis		Dizziness		Pins and needles	
Melanoma		Jaw clenching/teeth grinding		Weakness of grip	
Psoriasis or Eczema		Ringing in ears		Dislocations	
Dermatitis		Grinding in neck		Carpal tunnel syndrome	
Fungal infections		Painful/Stiff neck		Occupational Overuse OOS	
Acne		Spine/Back		Chest and Abdomen	
Sensitive skin		Pain or stiffness: circle		Heart disorders	
Infection/Influenza		Upper- mid- or lower back		Chest pain	
High/Low Blood Pressure		Pinched nerve		Respiratory disorders	
Poor Circulation		Disc problems		Asthma/Hayfever	
Bruise easily/Diabetes		Hips, Legs and Feet		Abdominal pain	
Are you pregnant?		Sciatica		Constipation	
Contact lenses		Cramps		Diarrhea	
Seizures/Convulsions		Knee injury		Bladder dysfunction	
Depression/Anxiety		Varicose veins		Other significant health info not listed	
Cancer		Ankle swelling			
		Foot problems			

The following is a lifestyle questionnaire:

Why are we asking you these additional questions?

When pain is present in excess of 6 months, the original injury has healed (tissue healing takes up to 6 months.) After that, the reason for ongoing pain is that the nervous system has become overly sensitive and continues to feed pain messages to the brain.

In these instances it becomes important to look at the general lifestyle to see what substances and behaviours may contribute to that chronic pain.

Common culprits can be:

Caffeine, sugar, food additives (such as MSG which is a neurotoxin and very common in Asian takeaway food and readymade sauces). Also of course general stress and anxiety, lack of sleep, exercise (too much or not enough.)

For more information watch "Understanding Pain What to do about it in less than 5 minutes" on YouTube. An excellent and entertaining video by Painaustralia that explains very well how the nervous system works.

Please indicate quantity by putting a number into the most relevant field			
Dietary	Daily	Weekly	Monthly
Alcohol –standard drinks			
Do you smoke?			
Coffee and Tea			
Other caffeinated drinks or energy drinks			
Do you add sugar to your hot drinks? How many teaspoons?			
Estimate how many teaspoons of sugar are in the processed foods you eat regularly (i.e. sauces, spreads, baking, canned foods)			
How often do you cook your own food from non-processed ingredients?			
How many helpings of fruit do you eat regularly			
How many helpings of vegetables do you eat regularly?			
How often do you eat out in restaurants?			
How often do you have take-away food?			
Do you take any medication or recreational drugs?			
What kinds of things do you snack on? • •			

Exercise / Physical activity/Rest	Daily	Weekly	Monthly
Do you have an active or a sedentary job? Please circle: active sedentary			
How many hours do you sit a day?			
How many hours do you sleep at night?			
How often do you go to sleep easily?			
How often do you wake up during the night?			
How often do you feel rested in the morning?			
How often do you exercise?			
What type of exercise do you do? • • •			
How do you feel about exercise? Is it an ongoing chore, or do you enjoy the exercise you do?			

Please note that as massage therapists we are not qualified to diagnose or prescribe anything. We are using this form to get a feel whether you could be aggravating your pain by unhelpful dietary and physical habits. Off the bat, most people's diets would benefit from adding more fruit and vegetables and decreasing the amount of processed foods.

Introduce small good changes gradually and keep them up, rather than going on a radically different diet. Seek help from a Dietitian if necessary.

Your name:

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Mental / Emotional

Rate the following statements with a number. 1 is "never" 10 is "always"

	1	2	3	4	5	6	7	8	9	10
When I wake up, I am curious about what the day will bring										
I usually cope well with the everyday pressures of my life										
I feel supported and loved by the people that matter to me										
I feel good about my job and I enjoy what I am doing										
I look forward to things on a regular basis										
When things go wrong, I can see the funny side of life										
I feel OK about the way I look and how my body performs										
I regularly take time out from the daily grind to do things I enjoy										
I don't worry about things too much. I take one day at a time										
I feel ok about how my life is in general										

Do you want to achieve a calmer mind through meditation but find it difficult to "get into the habit" or worry about "doing it right?"

Download "headspace" from the app store onto your phone. Easy to follow instructions help you to meditate. The first 10 sessions are free so you can try it out.

Anything else you want us to know? _____

I understand that the practitioner is not attempting to practice medicine, osteopathy, chiropractic, physiotherapy, psychology or any other profession requiring a license under the laws of the country of New Zealand.

Duration of massage sessions and cancellation fees:

A massage session starts and finishes at the booked time and does not consider lateness of the client. Please give 24 hours notice of changed or cancelled appointments. A cancellation fee of 25% will be charged if the appointment is cancelled within less than 24 hours.

Conditions of payment:

Payment is due at the time of the appointment and can be made by EFTPOS or cash. Credit card facilities are only available via Paypal on our website for 3 visit massage packages

Name _____ Date _____ Signature _____