



Painremovers Massage Therapy

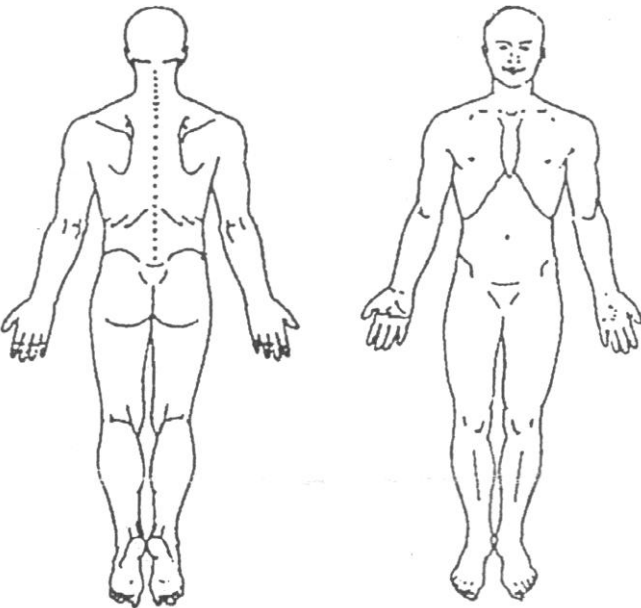
Please complete this form and bring to your massage at
27 Grove Road, Addington, Christchurch ph. 0272-184114



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 form for treatment massage

<p>Primary Area of Complaint Please circle any areas of pain or tenderness</p> 	<p>Current Main Symptoms: _____ _____ _____ _____</p> <p>What aggravates your symptoms? _____ _____</p> <p>What improves your symptoms? _____</p> <p>Is this condition getting progressively worse? __yes __no __constant __comes and goes</p> <p>Is this condition interfering with: __ Work __Sleep __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>Previous treatment for this condition? _____</p> <p>Did it help? __ yes __no</p> <p>Other comments: _____ _____ _____</p>
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Please list any **secondary** symptoms in order of severity (1 most severe):

Your name:	
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			

I consent to have my case discussed with other health practitioners and give permission to the therapist to obtain information about my health from other practitioners. yes no

I understand that Massage Therapy is for the purpose of treating muscular dysfunction, aims to increase circulation, joint range of motion and to reduce stress.

I understand that the massage therapist does not treat, prescribe for, or diagnose any illness, disease or any other physical or mental disorder, injury or condition. Nothing said or done by the practitioner will be construed as such.

I further 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 _____