Corporate Massage – New Client

Please complete the questionnaire accurately and provide details of any current ailments, symptoms or medical conditions. This information also guides our massage therapists to deliver a customised massage tailored to your body's needs.

NAME:_____ MALE ☐ FEMALE ☐

DOB:_____E-MAIL:_____

OCCUPATION:_____EMPLOYER: _____

HEALTH COVER Y/N:_____ IF YES, INDICATE PROVIDER: _____

Have you previously had a massage before:

☐ No ☐ Yes If yes, what type of massage _____

Have you had any of the following conditions (please tick):

☐ Headaches/Migraines
☐ Heart Disease
☐ Varicose Veins
☐ Bleeding Disorder
☐ Cancer
☐ Allergies – including creams
☐ Other: _____
☐ Seizures
☐ Loss of Sensation
☐ Asthma/Breathing Conditions
☐ Diabetes
☐ Current flu, cold or infection
☐ Arthritis
☐ Skin Condition
☐ Pregnancy
☐ Sinusitis
☐ Deep Vein Thrombosis

Please list any current or previous injury or illness of the muscles, skin, tendons or ligaments, bones, joints or nerves:

Have you had any surgery or major illnesses (please specify date and type of surgery/illness):

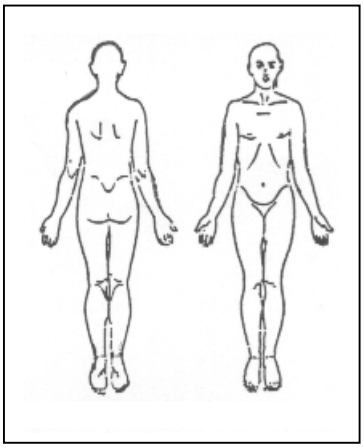
Are you currently engaging in any regular sports or physical activities? Please list.

1. _____
2. _____
3. _____

Please turn over and complete page 2…

PREFERRED MASSAGE TYPE: Please indicate your massage preference

Area of focus: Please circle the areas you would like the massage therapist to specifically focus on. If this changes on the date of the massage, please let the therapist know what area you would like them to focus on PRIOR to commencement of the massage.



Massage Pressure Preferred:

Soft ☐ Firm ☐ Hard ☐ Very Hard ☐

Please communicate to the massage therapist if the massage is too firm or not firm enough.

Disclaimer – Please sign below prior to attending your massage session

I understand that Bodysmart's corporate massage services are designed primarily to assist in relaxation and reduce tension, and that massage therapy is in no way a substitute or replacement of my General Practitioner or Physician's care. I declare that the information I have provided about my health is accurate and current, and that I have sought medical clearance from my doctor if I have a medical condition. Education exchanged during any massage session is intended to create awareness of my own health status and not intended to replace the advice of a GP or Physician.

Although Remedial Massage is generally a low injury risk form of treatment, it is not completely devoid of injury risk. Occasionally clients may experience post massage soreness, mild bruising and may feel sick or nauseous. It is recommended that before and after a massage 1-2 glasses of water is consumed to ensure you are adequately hydrated to minimize the risk of these complications.

I further acknowledge that I am attending this massage in my own free will and will not hold my employer or Bodysmart Health liable for any injury sustained during the massage.

Signed: _____ Date: _____

Optional:

Would you like to receive information about Remedial Massage services at Bodysmart including a $10 discount off your first 45 or 60 minute Remedial Massage @ Bodysmart? ☐ Yes ☐ No

Would you like to receive information on any other Bodysmart services?

☐ Physiotherapy ☐ Chiropractic ☐ Reformer Pilates Classes
☐ Functional Training Classes ☐ Mat Pilates Classes ☐ Clinical Pilates (individualised)

Bodysmart thanks you for your time

Bodysmart Therapist Notes: