Active Physiotherapy Mackay

Massage Therapy New Patient Registration Form

Name: _____ DOB: _____ Date: _____

Only to be filled if you haven't been to Active Physiotherapy Mackay before or if your details have changed since your last visit.

Street Address: _____

Suburb: _____ Postcode: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Email: _____

Your Dr's Name: _____ Doctor: _____

Referred By: _____

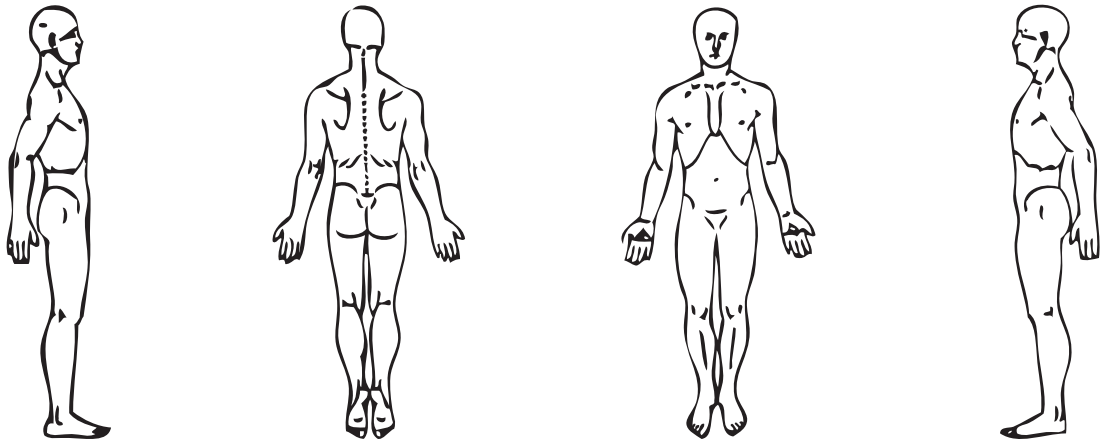
Emergency contact name and number: _____

Do you have Private Health Insurance? ☐ No ☐ Yes, name: _____

Previous experience with massages: _____

Draw on the sketch below any problem areas you have: Do you have any allergies? _____

R L R R L L



Please tick all the conditions which apply:

C: Current Condition *P: Past Condition*

C	P	Headaches, Migraines	C	P	Muscle or Joint Pain	C	P	Skin Conditions
C	P	Hearing Problems, Deafness	C	P	Numbness or Tingling	C	P	Allergies, Sensitivities
C	P	Heart, Circulatory Problems	C	P	Sprains, Strains	C	P	Infectious Diseases
C	P	Injuries to Neck, Face or Head	C	P	Arthritus	C	P	Blood Clots
C	P	Asthma or Lung Conditions	C	P	Cancer, Tumours	C	P	Varicose Veins
C	P	Hernia	C	P	Spinal Column Problems	C	P	High/Low Blood Pressure
C	P	Pregnancy	C	P	Diabetes			
C	P	Other Medical Conditions not listed: _____						

Explain any areas noted above: _____

_____

3/43 Gregory Street
Mackay Q 4740

28 Central Street
Sarina Q 4737

Phone: 07 4953 3557
www.activephysiomackay.com.au

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Current medications, including aspirin, ibuprofen, herbs, supplements, etc: _____

_____

_____

_____

Surgeries: _____

Accidents: _____

Pease list all forms and frequency of activities, hobbies, exercise, or sports participation: _____

_____

_____

About Your Massage:

Massage can be used for many areas of the body. Please tick any areas that you would **NOT** like massaged.

☐ Face	☐ Head	☐ Chest/Breast Area
☐ Buttocks	☐ Arms	☐ Legs
☐ Feet	☐ Front Abdomen	☐ Hands

Informed Consent

Massage Therapy care is recognized as being an effective and safe form of health-care and healing. Our clinic prides itself on providing all information required and requested by the patient at all times, therefore we want to inform you of the conditions of consent to care:

The greatest care and attention will be given in all circumstances; however as with all healthcare options there are some very slight risks with massage therapy. This includes but is not limited to:

- Minor muscles aches and inflammation (like in the days after a gym workout)
- Your condition becoming worse (sometimes people feel worse while healing is occurring)

I understand that the massage I receive will be delivered in a professional manner; if I am uncomfortable at any stage throughout the treatment I will notify the therapist immediately. Your massage therapist will not diagnose medical conditions and may refuse treatment if the therapist believes it may harm the client in any way. The information I have given is true and correct, I must inform the therapist if any details on this form change, so my treatments can be appropriately adjusted.

I agree to be treated by a qualified massage therapist at Active Physiotherapy Mackay.

By signing below I agree to Massage Therapeutic Care:

Patient Name: _____ Date: _____

Signature: _____

If the patient is under 16 years of age, this form should also be signed by a parent or guardian who consents to care on behalf of the minor, and who is validly able to do so.

Parent/Guardian Name: _____ Signature: _____ Date: _____

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