

# Massage Health Screen Form

<b>Office use only</b>
Card number:.....
Staff name:.....

## Personal Information

<b>Title</b> Mr Mrs Ms Dr		<b>Surname</b>	
<b>Given Names</b>		<b>Phone</b>	
If you would like to be on the gym's email distribution list, please provide your email address. We will only send news about changes in the gym (opening hours, class cancellations, special events)			
<b>Email</b>			

## Emergency Contact

<b>Full name</b>			
<b>Relation</b>		<b>Phone</b>	

### Please tick all conditions that apply now. Put a **P** for past conditions

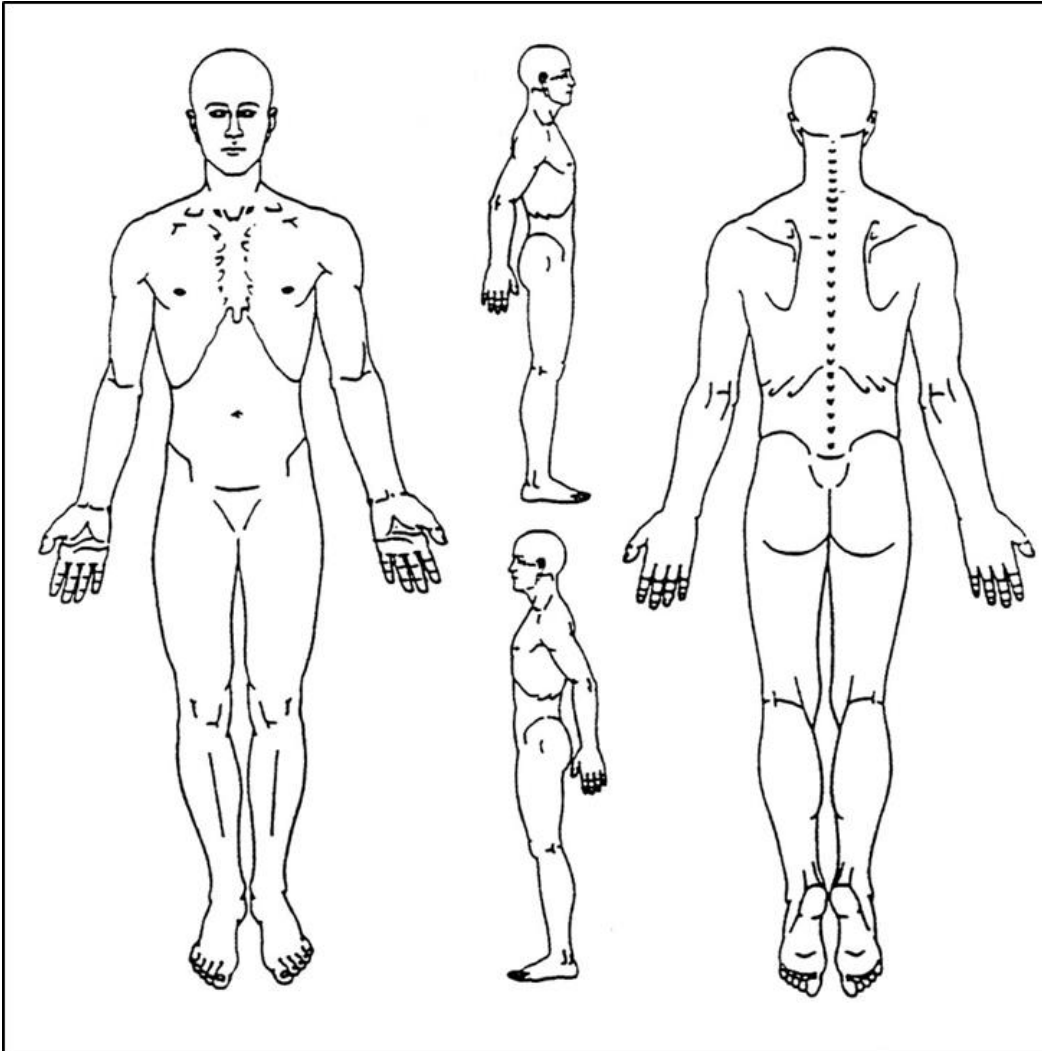
If you have indicated that you have/have had any of the conditions listed below, you need a signed medical clearance from your doctor before receiving a massage at The Gym@CDU.

Fever		Acute Inflammatory Conditions	
Kidney Failure		Infections (Encephalitis, Meningitis)	
Haemophilia		Embolism	
Malignant Tumours		Acute Psychosis	
Tuberculosis		Infectious Skin Conditions	
Leukaemia		Accidents & Emergencies (Heart attack, shock, appendicitis)	
Aneurism			

### Other notable conditions that might impact a massage

Heart, circulatory problems		High/Low blood pressure	
Varicose veins		Arthritis/Arthrosis	
Blood clots		Numbness or tingling	
Infectious disease		Muscle, bone, joint injuries	
Rash, athlete's foot/tinea		Muscle or joint pain (outside of exercise)	
Allergies		Chronic pain	
Pregnancy		Headaches or migraines	
Cancer/tumours		Depression	
Hernias		Seizures	
Abdominal or digestive problems		Stroke	
Accident/trauma		Skin disorders	
Other medical conditions or injuries not listed (past & present):			
Current medications, incl. aspirin, ibuprofen, vitamins etc.:			
Recent or past surgeries:			

**Consent is required to massage each part of the body.  
 Please indicate which areas you would like included.**



**Treatment related background information**

Occupation	
Hobbies & Activities	
Please select your preferred massage type:	
<input type="checkbox"/> Relaxation massage	<input type="checkbox"/> Deep tissue massage <input type="checkbox"/> Trigger point therapy
Do you have any problems with laying on your: <input type="checkbox"/> Front <input type="checkbox"/> Back	
Have you had a massage before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Signature**

<b>Agreement</b>	I understand that: In accordance with the scope of practice of a massage therapist, as well as adhering to regulatory and statutory requirements, <b>it is not the role of the massage therapist to diagnose injury or illness, or prescribe medication.</b>		
<b>Client's Signature</b>		<b>Date</b>	