

Corporate Massage – New Client



NAME: _____ MALE FEMALE
DOB: _____ E-MAIL: _____

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Seizures | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Loss of Sensation | <input type="checkbox"/> Asthma/Breathing Conditions | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Current flu, cold or infection | <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> Allergies – including creams |
| <input type="checkbox"/> Other: _____ | | | |

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):

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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Reformer Pilates Classes |
| <input type="checkbox"/> Functional Training Classes | <input type="checkbox"/> Mat Pilates Classes | <input type="checkbox"/> Clinical Pilates (individualised) |

Bodysmart thanks you for your time

Bodysmart Therapist Notes: