sydney sportsmedicine centre

CLIENT HEALTH HISTORY

Name: _____ Gender: M / F DOB _____

Address: _____

Ph (H) _____ Ph (W) _____ Ph (M)_____

Email: _____

Occupation: _____ Referred By _____

What activities (exercise / sport / hobbies) do you take part in away from work?

_____

Is this your first massage ever? Y / N

Have you ever had or do you currently have any of the following? (Place a tick to indicate "YES")

Flu / cold / fever		High blood pressure		Diabetes	
Dizziness		Any heart conditions		Liver condition	
Headaches		Varicose veins		Kidney condition	
Insomnia		Raised cholesterol		Skin disorders	
Sleep apnoea		Blood clots		Shingles	
Epilepsy		Phlebitis		Broken bones	
Stroke		Asthma		Osteoporosis	
Arthritis		Respiratory condition		Joint replacement	
Depression		Chronic fatigue syndrome		Spinal injury	
Allergies		Infectious condition/disease		Cancer	
Numbness		Are you pregnant?		Muscle/Ligament Tear	
Loss of Balance		Gout		Other	

If you ticked yes or other please give details: _____

_____

Please list any recent injuries or medical treatment/surgery: _____

_____

Please state any medication you are currently taking: _____

Payment and Cancellations

The cancellation policy is in place to make sure appointments are kept available for others who need them and that you respect the therapist's time.

- Full payment of fee is required on day of consultation.
- If I cancel my appointment on the same day it is scheduled, I will be charged a ***$50 cancellation fee***.
- If I fail to show up to my appointment, I will be charged the ***full (100%) consultation fee.***
- We appreciate that sometimes life can be unpredictable and short notice may be unavoidable, in such cases discretion will be exercised.

I understand and acknowledge the payment and cancellations policy.

Signature ..... Name .....

Date .....

Informed Consent and Waiver

(i) I understand that a massage therapist does not diagnose disease, illness, or prescribe any treatment or drugs, nor do they provide spinal manipulation.
(ii) I understand that draping will be used at all times.
(iii) I understand that if I become uncomfortable for any reason that I may ask the therapist to end the massage session, and they will end the session.
(iv) I understand that the massage therapist may end the session for any inappropriate behavior.

Privacy Statement

Any information that is obtained regarding my current health and progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician or other relevant health care professionals without my expressed written consent.

(i) We collect personal information when we provide our services to you. Generally, if appropriate, we will tell you why we are collecting personal information and how we plan to use it, or these things will be obvious when we collect the information. We usually collect personal information such as your contact details, job title or position, interests and where relevant family details. When we collect sensitive information (as defined in the Privacy Act) such as health information, it will usually be for the purposes of providing our services and, if the law requires us to, we will collect it with your consent.
(ii) We use your information to provide our services and to enhance and develop our relationship with you. We keep personal information safe from misuse, loss or unauthorised use or disclosure by implementing a variety of security measures. If you would like more information about our approach to privacy, would like to ask for access to your information or if you have a complaint concerning your information privacy please contact Sydney Sports Medicine Centre management. We may deny your request for access in some circumstances, if we do this we will tell you why.

If there is a change in my physical or mental health I will discuss and update the necessary information with my massage therapist immediately. I warrant that all information I have provided on this form and attached annexure is true and correct. I have read, agreed and understand the foregoing terms and conditions to receive treatment at Sydney Sports Medicine Centre.

I have stated all the conditions that I am aware of, and this information is true and accurate.

Signature ..... Name .....

Date .....

If patient is under 18, a parent or guardian's signature is required.

I, ... am the parent or guardian of ..... and agree to be responsible for the patient's behaviour and confirm that I give permission for my child to receive treatment from a Sydney Sports Medicine Centre massage therapist. I personally accept the terms and conditions set out in this agreement.

Parent/Guardian Signature ..... Parent/Guardian Name .....

Date .....