SPORTSMED MASSAGE CONSENT FORM

Name: **Date of Birth:**

Type and frequency of exercise

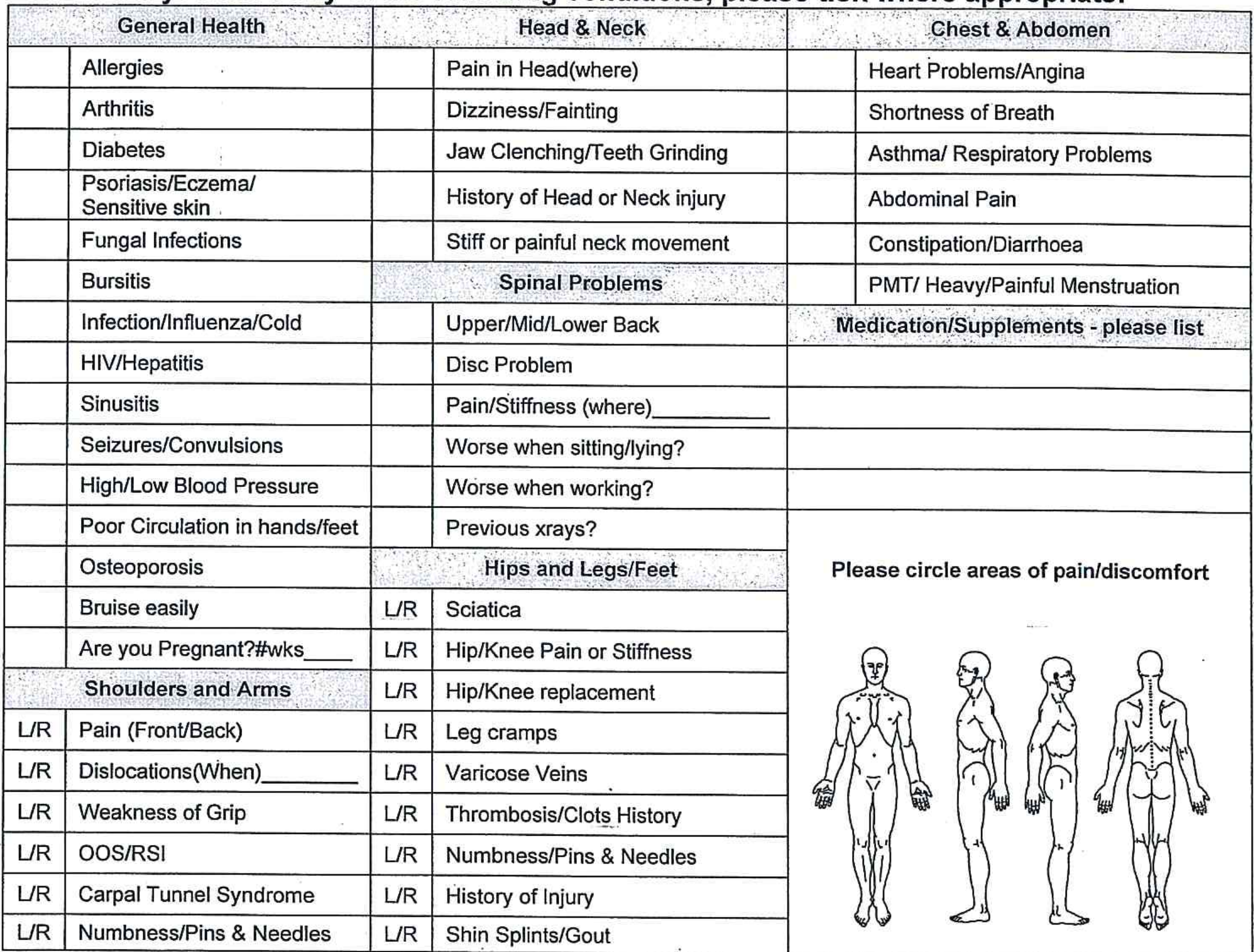
Previous massages?

What is your current problem or symptom?

Is this getting progressively worse?

Pain Scale: 1 2 3 4 5 6 7 8 9 10 Constant/Comes and goes

If you have any of the following conditions, please tick where appropriate:



	General Health		**Head & Neck**		**Chest & Abdomen**
	Allergies		Pain in Head(where)		Heart Problems/Angina
	Arthritis		Dizziness/Fainting		Shortness of Breath
	Diabetes		Jaw Clenching/Teeth Grinding		Asthma/ Respiratory Problems
	Psoriasis/Eczema/ Sensitive skin		History of Head or Neck injury		Abdominal Pain
	Fungal Infections		Stiff or painful neck movement		Constipation/Diarrhoea
	Bursitis		**Spinal Problems**		PMT/ Heavy/Painful Menstruation
	Infection/Influenza/Cold		Upper/Mid/Lower Back		**Medication/Supplements - please list**
	HIV/Hepatitis		Disc Problem		
	Sinusitis		Pain/Stiffness (where)__________		
	Seizures/Convulsions		Worse when sitting/lying?		
	High/Low Blood Pressure		Worse when working?		
	Poor Circulation in hands/feet		Previous xrays?		
	Osteoporosis		**Hips and Legs/Feet**		**Please circle areas of pain/discomfort**
	Bruise easily	L/R	Sciatica		
	Are you Pregnant?#wks____	L/R	Hip/Knee Pain or Stiffness		
	Shoulders and Arms	L/R	Hip/Knee replacement		
L/R	Pain (Front/Back)	L/R	Leg cramps		
L/R	Dislocations(When)________	L/R	Varicose Veins		
L/R	Weakness of Grip	L/R	Thrombosis/Clots History		
L/R	OOS/RSI	L/R	Numbness/Pins & Needles		
L/R	Carpal Tunnel Syndrome	L/R	History of Injury		
L/R	Numbness/Pins & Needles	L/R	Shin Splints/Gout		

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage practitioner updated about any changes in my medical profile and understand that there should be no liability on the practitioner's part should I fail to do so.

I understand that if I need to cancel, that I will give at least 24 hours notice to avoid a late cancellation fee of 50% of total session fee. I also understand that the full session fee will be charged if I fail to show for an appointment that I have not cancelled.

Treatment consent

I hereby give my consent to SportsMed Massage Practitioners to treat me. I understand I have the right to decline any and all treatment offered to me at the time. I also understand the massage practitioner may discuss my treatment with other practitioners at SportsMed, in line with the clinic's multidisciplinary approach.

*Signature:*______________________________ *Date:*____________________