

Byford Healing Arts

Informed Consent Form

I, (client's name) _____ have completed the necessary client history form and have noted any condition that contraindicate massage. The massage professional's qualifications and reporting measures for any misconduct have been disclosed.

I understand that the massage received is for stress reduction, muscle tension relief and increase circulation. If at any time pain or discomfort is experienced, or the pressure is uncomfortable, I will inform my massage therapist immediately, so they may adjust the pressure or methods to suit my comfort levels. I have been informed that my massage professional does not and cannot diagnose illness or disease or perform spinal manipulations, nor can or will they prescribe medical treatments. I acknowledge that massage is not a substitute for medical examination or diagnosis and I should seek a health care provider that can.

I have been informed and understand that a single massage session is limited to providing a general non-specific massage approach using standard massage methods.

Client's signature _____ Date: _____

Therapist's signature _____ Date: _____

Consent to treat a minor

By my signature I, (client's parent/guardians name) _____ authorise that (Childs name) _____ can be massage by a massage therapist from Byford Healing Arts.

Signature of parent/ guardian _____

Date _____

Therapist's signature _____ Date: _____

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Client History Form

Patient Details

Surname: _____

First name: _____

Date of Birth: _____

Contact Details

Telephone: _____ Mobile: _____

Other numbers: _____

Address _____

Please tick conditions that are current (C), past (P) and family's (F) history.

C	P	F		C	P	F	
			Headaches, Migraines				Cancer, tumours
			Vision problems, contact lenses, glasses				Spinal column disorders
			Hearing problems, deafness				Diabetes
			Sinus problems				Pregnancy
			Dental bridges, braces				Heart, circulatory problems
			Jaw pain, TMJ problems				High/Low Blood Pressure
			Asthma, lung or breathing problems				Fatigue
			Constipation or diarrhoea				Arthritis, tendonitis
			Hernia				Depression
			Abdominal or digestive problems				Sleep difficulties
			Chronic Pain				Allergies, sensitivities
			Muscle or Joint Pain				Rashes, athletes foot
			Injuries				Infectious disease
			Numbness or tingling				Blood clots
			Sprains and strains				Varicose veins

Explain any of these areas above:

Current medications, including aspirin, herbs, supplements etc:

Surgeries:

List any forms and frequency of stress reduction activities, hobbies, exercise or sports participation:

Important: Please ✓ all present symptoms

Name: _____

Date: _____

Head:

- Headache or Migraine - frequency
 - Sinus (allergy)
 - Entire Head
 - Back of head
 - Forehead
 - Temples
- Head feels heavy
- Loss of memory
- Light-headedness
- Fainting
- Light bothers eyes
- Blurred vision
- Double vision
- Loss of vision
- Loss of taste
- Loss of balance
- Dizziness
- Loss of hearing
- Pain in ears
- Ringing or Buzzing in ears

Neck:

- Pain in neck
- Neck pain with movement
 - Forward
 - Backward
 - Turn to left
 - Turn to right
 - Bend to left
 - Bend to right
- Pinched nerve in neck
- Neck feels out of place
- Muscle spasms in neck
- Grinding or Popping sounds in neck
- Arthritis in neck

Shoulders:

- Pain in shoulder joint (R-L)
- Pain across shoulders
- Bursitis (R-L)
- Arthritis (R-L)
- Can't raise arm
 - Above shoulder level
 - Over head
- Tension in shoulders
- Pinched nerve in shoulder (R-L)
- Muscle spasms in shoulders

Arms & Hands:

- Pain in upper arm
- Pain in elbow
- Movement aggravated
- Tennis elbow
- Pain in forearm
- Pain in hands
- Pain in fingers
- Sensation of pins & needles in arms
- Sensation of pins & needles in fingers
- Numbness in arms (R-L)
- Numbness in fingers (R-L)
- Fingers "go to sleep"
- Hands cold
- Swollen joints in fingers
- Sore joints in fingers
- Arthritis in fingers
- Loss of grip strength

Mid-Back:

- Mid-back pain
Location _____
- Pain between shoulder blades
- Sharp stabbing
- Dull ache
- Pain from front to back
- Muscle spasms
- Pain in kidney area

Chest:

- Chest pain
- Shortness of breath
- Pain around ribs
- Breast pain
- Change in Breast Shape
- Irregular heart beat

Abdomen:

- Nervous stomach
- Foods can't eat _____
- Nausea
- Gas
- Constipation
- Diarrhoea
- Haemorrhoids
- Indigestion
- Heartburn

Low Back:

- Low back pain
 - Upper lumbar
 - Lower lumbar
 - Sacroiliac
- Low back pain is worse when:

- Pain relieves when: _____

- Slipped disk
- Low back feels out of place
- Muscle spasms
- Arthritis

Hips and Pelvis

- Pain in buttocks (R-L)
- Pain in hip joint (R-L)

Legs and Feet

- Pain down leg (R-L or both)
- Knee pain (R-L)
 - Inside
 - Outside
- Leg cramps
- Cramps in feet (R-L)
- Pins & needles in legs (R-L)
- Numbness of leg (R-L)
- Numbness of feet (R-L)
- Numbness of toes
- Feet feel cold
- Swollen ankles (R-L)
- Swollen feet (R-L)

General:

- Nervousness
- Irritable
- Depressed
- Fatigue
- Generally feel run down
- Normal sleep _____ hrs/night
- Loss of sleep _____ hrs/night
- Loss of weight _____ kg
- Gain weight _____ kg
- Coffee _____ cups/day
- Tea _____ cups/day
- Cigarettes _____ smoked/day
- Other _____
- Diabetes
- Hypoglycaemia

Remarks/ Comments:
