

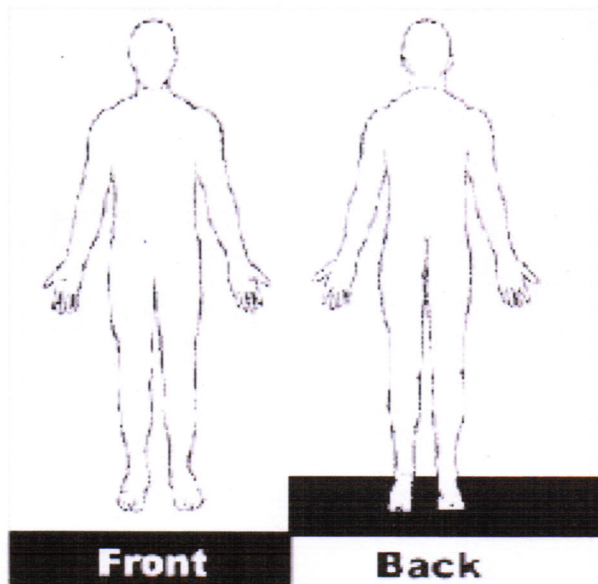


123 Somerville Road, Yarraville 3013

CLIENT HISTORY / CONSENT TO TREATMENT

FIRST NAME:	Flynn	LAST NAME:	Perez
DATE OF BIRTH:	25/08/2001	PHONE NO. (MOB)	0411 267 740
PHONE (other)		EMAIL ADDRESS:	flynnperez3@gmail.com
ADDRESS:	1/98 Westbury Street		
POSTCODE:	3550	REFERRED BY:	NMFC
EMERGENCY CONTACT NAME:	Narelle	RELATIONSHIP:	Mum
EMERGENCY CONTACT PHONE NO:	0408426601		

PLEASE MARK AREAS OF PAIN OR AREAS YOU WOULD LIKE TREATED



ARE YOU, OR HAVE YOU RECENTLY EXPERIENCED ANY OF THE FOLLOWING CONDITIONS (circle)

COLD/FLU	HEART DISORDERS	AIDS/HIV	ASTHMA
HIGH/LOW BLOOD PRESSURE	NUMBNESS / PINS & NEEDLES	HEADACHE / MIGRAINE	HEPATITIS
PREGNANT	POOR CIRCULATION	EPILEPSY	OSTEOPOROSIS
DIABETES	ENDOMETRIOSIS	ARTHRITIS	SKIN ALLERGIES
RECENT SURGERY: (Please specify)		INFECTIOUS DISEASE: (Please specify)	

HAVE YOU EVER EXPERIENCED:

NECK/SPINAL INJURY: Y/N (IF YES, PLEASE SPECIFY INJURY AND TREATMENT PROVIDED)

CANCER: Y / N (IF YES, PLEASE SPECIFY TYPE AND LOCATION & TREATMENT PROVIDED)

FAMILY HEALTH HISTORY:

Has anyone in your immediate family had any of the following conditions?

HEART DISEASE	STROKE	DIABETES	ARTHRITIS
HIGH / LOW BLOOD PRESSURE	NEUROLOGICAL DISORDER	OBESITY	CANCER
OTHER:			

WHAT RECREATIONAL ACTIVITIES OR HOBBIES DO YOU UNDERTAKE EACH WEEK?

Please read and sign at the end of this form to confirm that you understand what to expect during treatment.

Seddon Therapies agrees to provide you with a professional Remedial/Myotherapy treatment tailored to your individual needs with qualified and fully insured therapists. Confidentiality is respected and at no time is any information received from the client during the treatment given to any other person, except with the express permission from the client.

You as our client, agree that all the information that you have supplied is true and correct to the best of your knowledge. Failure to disclose information about your health history may affect the treatment you are given. We cannot be held responsible for any effect our treatment has on an existing condition if you have not disclosed it to us here. Likewise, if you develop a new health condition whilst you are a client of Seddon Therapies, you must advise us of any changes to your health history.

Remedial Massage and Myotherapy is a non-invasive treatment for soft tissue dysfunction. It does not usually have any side effects but we would like to advise that post treatment, you may feel a little sore which is quite common and normal. The discomfort you feel post treatment will be similar to the discomfort you can feel post exercise and should ease up within a few days after your treatment. If you have any concerns about how you feel after your treatment with us, please contact us immediately for assistance.

Underwear is always to be worn during treatments and you will be draped with towels appropriately to respect your privacy unless you have expressly been requested to remove underwear for best treatment results. Your express permission will be sought prior to each occasion this is seen as beneficial.

At any time during your treatment, if you are uncomfortable, you have the right to speak up and ask your therapist to stop doing a particular technique. You are also able to stop the massage at any point if you wish to.

I have read the agreement for care and accept these terms and conditions

Client Name: Flynn

Signed: [Signature]

Dated: 19.05