

Rena Wilson

Remedial4u

Personal Information

none

Andrew

Middle Name

Green

Preferred name

0487869874

Ph: Home

Ph: Work

andrew.green@outlook.com.au

30/08/1963

29 Flinders Avenue

Camden South

NSW

Australia

2570

Public service

Male

Female

Other

Emergency contact

Liz

Shepherd

0411983856

Wife

Referral source

How did you hear about this clinic?

Signage

Health History

If you have a history of any of the following conditions, please select below.

Heart disease

- Diabetes
- Asthma
- Severe weight loss/gain
- Headaches
- Autoimmunity
- Dizziness
- Pregnant
- Cholesterol
- Severe fatigue
- Bruise easily
- Blood pressure
- Night sweats
- Skin conditions
- HIV
- Epilepsy
- Thyroid
- Open sores or wounds
- Recent accident or injury
- Recent fracture
- Recent surgery
- Artificial joint
- Sprains/strains
- Current fever
- Swollen glands
- Allergies/sensitivity
- Circulatory disorders
- Varicose veins
- Atherosclerosis
- Phlebitis
- Deep vein thrombosis/blood clots
- Joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
- Osteoporosis
- headaches/migraines
- Cancer
- Diabetes
- Decreased sensation
- Back/Neck problems
- Fibromyalgia
- TMJ
- Carpal Tunnel Syndrome
- Tennis Elbow

Health history details

If you answered yes to any of the above questions, please provide further information here. If you answered yes to any of the above questions, please provide further information here.

Surgeries

Please list any surgeries you have had.

Medicines/supplements

Please list any medications or supplements, including the reasons you are taking them.

Alcohol consumption

How much alcohol do you consume on a weekly basis?

1-2

Smoking

Do you smoke? When did you start and how often do you smoke?

No

Exercise

What type of exercise do you do and how often?

5 x PW at Aqua fit

Family history

Please list any conditions that run in your family.

Other health history

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

No

Medical supervision

Are you currently under any medical supervision? If yes, please explain.

No

Other health professionals

Do you see a chiropractor? If yes how often?

Yes. Every couple of months

Date of Submission:

Appointment Date or Today's Date: DD/MM/YY

27/06/2023

Current Complaint

What is the reason for your visit?	Tight shoulder
When did the problem begin?	On and off last year
What caused the problem?	Age
What relieves your symptoms?	Massage spikie ball.
What aggravates your symptoms?	Weight lifting driving
Have you had a professional massage before?	Yea
If yes, how often do you receive massage therapy?	Every couple of months
Do you have difficulty lying on your front, back or side?	No

If yes, please explain?

Do you have any allergies to oils, lotions or ointments? If yes please explain.

No

Do you have sensitive skin?

No

Are you wearing contact lenses () /dentures () /hearing aids ()?

No

Do you sit for long hours at a workstation, computer or driving? If yes please explain.

Job sometimes requires me to sit for long periods. I work from home so am able to get up and m

Do you perform any repetitive movement in your work, sports or hobby? If yes, please explain.

No

Do you experience stress in your work, family or other aspect of your life?

No

If yes, how do you think it has affected your health? Muscle tension (), Anxiety (), Insomnia (), Irritability (), other?

No

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? If yes, please explain.

Shoulder and ham strings

Do you have any particular goals in mind for this massage session? If yes please explain.

Pain scale

On a scale of 1-10 with 1 being minimal and 10 being maximum pain, how would you rate your pain?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

List of test results

Private health fund details

If you have private health insurance that covers you for natural therapies, please provide your details below. Please note, not all practitioners and/or services are eligible for rebates.

Fund name

HCF

Customer/Membership number

53073207

Issue Date

Number on card

06

Card issue number

00

Treatment consent

Draping will be used during the session - only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent legal guardian for any client under the age of 17.

I, the client, understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and understand that I must update my service provider with any changes that may occur in my medical history.

I understand that a 50% cancellation fee may apply if I do not provide at least 24 hours notice.

Signature of Massage Therapist: Renae Wilson

Date: Date of Submission

I consent to treatment

I consent to receiving SMS and/or email updates, news & offers

Name *

Andrew Green

Remedial4u Policies

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