

From: Squarespace <form-submission@squarespace.info>
Sent: Wednesday, 1 December 2021 7:24 PM
To: tarrengowerrm@gmail.com
Subject: Form Submission - Client History Form

Sent via form submission from [Tarrengower Remedial Massage](#)

No changes 4/1/22

Name: Linda Hickey

Identify as: Female

Email: plhickey@outlook.com

Phone: 0456245189

Date of Birth: 6/13/1956

Occupation: Carer

Sports / activities: Photography

Health fund: MHF

Private health extras cover?: Yes

Emergency Contact Name: Ali Hickey

Emergency contact phone: 0438245199

Do you have any limitations for treatment?: No

What are your expectations for treatment?: Freer movement in neck and shoulders

Is there a possibility that you are pregnant?: No

Varicose Veins: No

Sunburn: No

Recent surgery / scar tissue: No

Major operations / accidents: No

Inflamed / painful areas: Yes

High / low blood pressure: No

Circulatory disorders: No

Supplements: Yes

linseed

Ⓡ Big toe fused

Neck / spine injury: No

Arthritis: No

Skin Diseases: No

Allergies: No

Diabetes: No

DVT / blood clots: No

Fractures / dislocations: No

Raised temperature: No

Headaches / migraines: No

Strains / sprains: No

Cancer: No

Infectious conditions: No

Medications: Yes

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Consent for Treatment

I understand that:

- This is a massage treatment and is not a medical or allied health treatment (physiotherapy, osteopathy, chiropractic)
- I have viewed the therapists' qualifications
- The risks specific to my individual circumstances may have a bearing on my decision to proceed with the proposed treatment
- The therapist reviewed my health history before treatment commenced
- The therapist explained that the physical assessment I received may involve partial undressing and may require the therapist to palpate (touch) the area(s) of my body relevant to my presenting condition
- The therapist explained the treatment options to me
- The therapist explained the associated risk and possible side effects with the treatment options as described
- The therapist discussed the massage procedures, the areas of the body to be treated, the undressing and dressing procedures, the draping procedures and the positioning on the table for and during treatment
- The therapist established that the treatment session will be stopped should the treatment as first agreed to, require modification. The therapist will explain the reason for the change and any risks and/or side effects as a result of the change
- I can ask any questions in regard to any modification to the treatment plan. I should be totally comfortable with the explanation and reasoning for the change before consenting to the modification to the initial treatment plan
- The therapist has explained that I have the right to refuse treatment, to make changes to the treatment and to stop the massage at any time
- I have the right to request evidence for treatment that may include the abdomen, anterior and lateral chest, and buttock and / or groin areas. I understand I have the right to refuse treatment of these areas
- If I agree to treatment to any of the areas mentioned in the point above, I may be requested, by the therapist, to complete a consent form relevant to those areas

Only sign below if the above information is understood and has occurred

Client
Name: LINDA HICKET Signature: L.H. Hickety Date: 2/12/21

Parent/Guardian
Name: _____ Signature: _____ Date: _____

Therapist
Name: Paul Gilders Signature: P. Gilders Date: 2/12/21