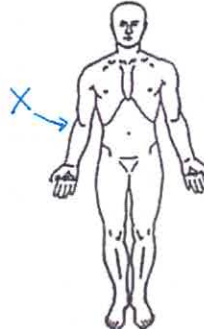


# Massage Therapy Case History Form

Patient Name: Chris CHIN Gender: ☒ Male ☐ Female Date of Birth: 09 December 1971  
 Address: Locked Bag 1395, Launceston, TAS 7250 Occupation: Lecturer  
 Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) 0409925376 (Email) \_\_\_\_\_  
 Are you in a Health Fund? Yes If yes, which one? Medibank Private Previous Massage? None  
 What is the main reason for your visit? Continuous soreness and pain

Please locate on the diagrams below: X for pain; O for stiffness; N for numbness



Please rate the pain on a scale of 0 (no pain) to 10 (extreme pain): 6

Any allergies? YES ☒ NO ☐ If so, what? \_\_\_\_\_

Any contact lenses, prosthetic devices, dentures or pacemaker? YES ☒ NO ☐ Any chance of you being pregnant? YES ☒ NO ☐

Are you currently seeing a medical doctor, chiropractor, osteopath or any other health care practitioner? YES ☒ NO ☐

If so, for what condition(s)? \_\_\_\_\_

Taking any medication? ☒ YES ☐ NO What for? Gout

Whilst massage therapy is very beneficial, it may sometimes not be appropriate, or it may need to be modified to best suit your needs and state of health. Please circle Yes or No to all the listed conditions listed below and if you currently have or had any of the following in the past, please provide details under Comments below:

Comments

Comments

Headache	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Indigestion	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Head Injury/Concussion	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Nausea/Vomiting	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Seizures	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Diarrhoea	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Vision Disturbance	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Varicose Veins	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Ear Infection/Pain	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Malnutrition/Weight Loss	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Inflammation	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Infectious Diseases	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Any form of cancer	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Skin Condition	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Chest Pain	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Fracture(s)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Breathing Problems	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Diabetes	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Asthma	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Sprain/bruises	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Tuberculosis	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Fever	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Heart Problems	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Tetanus	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
High Blood Pressure	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Any undiagnosed pain	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Back Pain	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Past/Scheduled Surgery	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Shoulder/Hip/Knee Pain	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Other	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

I, (PRINT NAME) Chris Chin declare that all the answers and statements above are true and complete. I have stated all my known medical conditions and take it upon myself to keep the Massage Therapist updated on my health during any subsequent treatments.

There is a missed appointment fee equal to your consultation fee for any missed or cancelled appointments with less than 24 hours' notice.

Signature: Chris Chin

Date: 01 July 2022