Virginia Dyson	
Virginia Dyson Remedial Massage	
Personal Information	
Mrs	Suzie
Middle Name	Knol
Preferred name	0488504748
Ph: Home	Ph: Work
suzieeva@hotmail.com	26/04/1991
16 Paratone Crescent	
St Albans Park	Vic
Australia	3219
Home duties	Male Female Other
Emergency contact	
Ryan	Knol
0447066555	Husband
Referral source	
How did you hear about this clinic?	
Google	
Health History	
If you have a history of any of the following cond	ditions, please select below.
☐ Heart disease	

☐ Diabetes	
☐ Asthma	
☐ Headaches	
☐ Autoimmunity	
Dizziness	
☐ Pregnant	
☐ Severe fatigue	
☐ Bruise easily	
☐ Blood pressure	
☐ Skin conditions☐ Epilepsy	
☐ Epilepsy	
Health history details	
If you answered yes to any of the above questions, please provide	
further information here.	
Surgarias	
Surgeries	
Please list any surgeries you have had within the last 12 months	Gallbladder removal
, ,	19/09/2024
Medicines/supplements	
Please list any medications or supplements, including the reasons	
you are taking them.	
Excercise	
Excercise	
What type of excercise do you do and how often?	I go to the gym 2-3 times a week and have a PT
	a week and have a PT
More info	
Is there anything else that may be useful for me to know regarding	
your health for your treatment today?	

Current Complaint	
What is the reason for your visit?	I've been having upper back pain for a few months now
When did the problem begin?	June/July
What caused the problem?	Unsure
What relieves your symptoms?	Nurofen sometimes
What aggravates your symptoms?	It's worse when I'm sitting down
Have you consulted any other health professionals about this problem? If so, please provide details. below.	No
Are there any areas you DO NOT want to be massaged?	
Scalp	
Face	
O Neck	
O Back	
O Arms	
Hands	
Glutes	
O Legs	

Pain scale									
On a s pain?	cale of 1-1	10 with 1	being min	imal and 1	0 being m	naximum p	pain, how	would you	ı rate your
1	2	3	4	5	6	7	8	9	10
0	0	0	0	0		0	0	0	0
Mood	scale								
On a s	cale of 1-1	10 with 1 t	feeling ve	ry down a	nd 10 feel	ing great,	how woul	d you rate	your mood?
1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0		0	0
If you you fo your h receip massa	r remedial ealth fund t that is se ge treatme	ate health I massage I app or or nt to you.	insurance you can c aline, deta Please no	ils are on t te, not all					
Fund name									
Customer/Membership number									
Issue Date									
	1								
Numb	er on card								

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 I 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.	
☑ I consent to treatment	
☐ I consent to receiving SMS and/or email updates, news & offers	
Client Name *	Date
Suzie Knol	10/10/2024
✓ I am the client	
☐ I am submitting on behalf of the client	