

# Virginia Dyson

Virginia Dyson Remedial Massage

## Personal Information

Mr	Fergus
Middle Name	Connon
Preferred name	0499886323
Ph: Home	Ph: Work
fergusconnon@gmail.com	19/08/1961
57 Knox Drive, Barwon Heads VIC, Australia	57 Knox Drive
Barwon Heads	VIC
Australia	3227
Company Director	<div>Male</div> <div>Female</div> <div>Other</div>

## Emergency contact

Tammy	Shiels
0437588801	Relationship

## Referral source

How did you hear about this clinic?

Other Practitioner

## Health History

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

☐ Heart disease

- ☐ Diabetes
- ☐ Asthma
- ☐ Headaches
- ☐ Autoimmunity
- ☐ Dizziness
- ☐ Pregnant
- ☐ Severe fatigue
- ☐ Bruise easily
- ☐ Blood pressure
- ☐ Skin conditions
- ☐ Epilepsy

## Health history details

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

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## Surgeries

Please list any surgeries you have had within the last 12 months

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## Medicines/supplements

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

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## Exercise

What type of exercise do you do and how often?

bike riding 3 times a week

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## More info

Is there anything else that may be useful for me to know regarding your health for your treatment today?

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## Current Complaint

What is the reason for your visit?

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When did the problem begin?

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What caused the problem?

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What relieves your symptoms?

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What aggravates your symptoms?

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Have you consulted any other health professionals about this problem? If so, please provide details. below.

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Are there any areas you DO NOT want to be massaged?

☐ Scalp

☐ Face

☐ Neck

☐ Back

☐ Arms

☐ Hands

☐ Glutes

☐ Legs

☐ Feet

### 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Mood scale

On a scale of 1-10 with 1 feeling very down and 10 feeling great, how would you rate your mood?

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### Private health fund details

If you have private health insurance that covers you for remedial massage you can claim via your health fund app or online, details are on the receipt that is sent to you. Please note, not all massage treatments are eligible for rebates.

Fund name	<input type="text" value="AHM"/>
Customer/Membership number	<input type="text" value="41944724"/>
Issue Date	<input type="text"/>
Number on card	<input type="text" value="02"/>
Card issue number	<input type="text" value="02"/>

### Treatment consent

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**

Fergus Connon

10/10/2024

☒ I am the client

☐ I am submitting on behalf of the client