



## New Client Intake Form

**Appointment:** Fri 19 May 2023, 6:00 pm at Kinetic Massage and Body Work with Renate Halleen

### Your details

Full Name

Alan Moss

Address

PO Box 378. Oxenford. Qld 4210

Email

Alan@fairviewgroup.com.au

Phone Number

0421 229917

Date of Birth

20 March 1965

Emergency Contact

Kerrie Bowie. 0417 229910

Medications - current

None

Allergies

None

Private Health Provider and details

Bupa

Occupation

Construction Manager

### Do You have any of the following?

Please tick which applies to you

For us to help you, It's best that we know as much as possible to be able to serve you better

Breathing, Asthma,

Please describe below any conditions that you have Indicated

Mild asthma

### Checkboxes title

What area of your body are you feeling pain and or tension?

- ☐ Upper Legs
- ☒ Lower legs/ feet
- ☐ Lower Arms /hands
- ☐ Upper arms
- ☐ Shoulders
- ☐ Head and neck
- ☒ Glutes / sacrum
- ☐ mid /upper back
- ☒ Headaches
- ☒ low back / hips

☐ Other

### Short answer title

No response

### Current complaints, Issues with your tissues, tension, pain

What are your Issues ,pain or tension? Please tick which applies to you

- ☒ Aching
- ☒ Numb
- ☐ Tingling
- ☐ Sharp
- ☐ Stabbing
- ☐ Disabling
- ☐ Constant
- ☐ Staying the same
- ☐ Discomfort
- ☐ Moderate
- ☐ Other:

### Are you an active person

How active are you or how sedentary are you

- ☒ Very active 5/6 days
- ☐ Active enough 3/4 days
- ☐ Moderate 2/3 days
- ☐ Time poor slow snail 1 day
- ☐ None, sedentary couch potato
- ☐ Other:

### What makes It worse or better

What makes It better or worse

- ☒ Better with activity
- ☐ Worse with activity
- ☒ Better with ice or heat
- ☐ Worse with Ice or heat
- ☐ Better with rest
- ☐ Worse with rest
- ☐ Other:

### Scale from 1 -10 rate your pain

8 (1 least pain - 10 severe pain)

### Have you had a Remedial Massage before

Yes

### If yes How long ago, and the reason

4 weeks- back

### What activities are limited by your current condition

example sleep deprived

Lack of sleep waking through the night

### List your self care

Stretching

### Is there anything you would like to add

L4, L5 & S1 discs are herniated (MRI) S1 nerve root impacted

### File upload title

No response

## Are you Unwell?

Unwell or unsure

If you are experiencing cold and flu like symptoms or anything that is contagious, please notify us immediately and change your appointment to the next available once you are well again. Sometimes in extreme circumstances a doctors clearance may be required. It's better to be safe than sorry, as this clinic takes hygiene seriously. If you appear unwell at your appointment, you may be asked to reschedule.

please tick If you understand

Yes

## Consent, privacy, cancellation

### Consent

The remedial assessment and treatment procedure in this clinic has been fully explained to me. I give full consent for the therapist to observe, palpate and treat each part of the body as required. I understand that it is not the role of the therapist to diagnose illness, or give any prescriptions unless specifically trained to do so. I have disclosed all relevant medical history, medications, and current symptoms prior to treatment.

Yes I accept

### Cancellation

At Kinetic Massage and Body Work, We respect that your time is valuable and we appreciate that you understand ours is too. We required 24 hours notice if you need to cancel or reschedule your appointment as this will allow us the opportunity to fill your timeslot.

If you cancel, no show or reschedule your appointment, and you have not notified us at least 24 hours in advance, you will be charged the full cost of the treatment as booked.

In the event that you are unable to keep your scheduled appointment with us, please call us on 0431 072 296 at least 24 hours prior to your appointment. If you do not reach us, please leave a message.

If we do not hear from you within this time frame, and you do not keep your appointment, the above policy will be applied. Please confirm your appointments at your earliest convenience to avoid losing your time slot or your time being moved.

If you choose not agree to our Cancellation/Reschedule Policy you will be required to pre-pay for all future appointments and will not be refunded if you do not attend.

In order to identify and contact you, we must collect some of your personal information such as name, phone number, address, email, emergency contact etc. We take the utmost care to ensure it is protected against misuse, loss, interference, unauthorised access, modification and disclosure.

Agree

### Your Privacy is Important

Accepted

Please sign below

A handwritten signature in black ink, appearing to be 'D. H.', written on a white background.