

Confidential Client Information Form

Name:	Samantha Samakovidis
Address:	27 Whitecliffe Square Iluka
DOB:	13/10/89
Email:	sam.samakovidis13@gmail.com
Mobile:	0422 498 298
Would you like to be notified via SMS of available appointments (usually within 24hrs notice)	Y / <u>(N)</u>
Private Health Cover <u>(Y)</u> /N	If yes, specify: HCF
Referred by (website, friend, signage, other business etc):	Husband Michael

Why have you decided to have massage therapy?

recommendation for back and neck/shoulder relief

What do you want to achieve from your session/s?

relief for back + neck pain

What is your occupation?

Hairstresser / stay at home mum

Physically related job duties (ie. Bookkeeper – at a desk in front of computer for 8 hrs a day):

above shoulder level working

standing long periods

Please tell us about any sports/hobbies that you are involved in:

gym 3+ times a week

Have you had a massage before?

☐ No

☒ Yes:

What style: relaxation

Preferred pressure:

☐ Unsure

☐ Very Light

☐ Light

☒ Medium

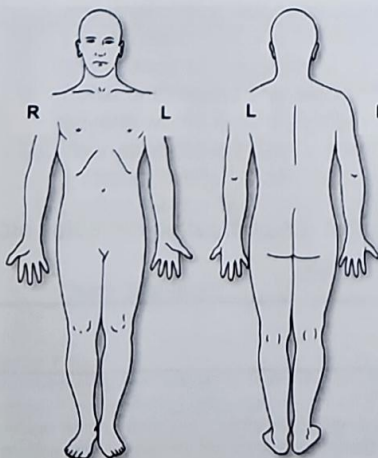
☐ Firm

☐ Very Firm

Please identify specific areas you would like worked on:

neck

lower back



MEDICAL CONDITIONS & HISTORY

Please mark the correct answer to each item below and comment if required	Current	Past		Current	Past		Current	Past
	Abdominal pain digestive disorder				Cystic Fibrosis			
Alcoholism/ Substance Abuse			Depression			Mental Illness		
Allergies <i>sensitive skin</i>	<input checked="" type="checkbox"/>		Diabetes			Migraines		
Anxiety			Dizziness / Vertigo			Muscular Pain		
Arthritis			Eczema/Dermatitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Numbness / tingling		
Asthma <i>/mild</i>	<input checked="" type="checkbox"/>		Fatigue			Osteoporosis		
Blood disorder			Fibromyalgia			Panic Attacks		
Blood clots			Genetic disease/s			Pregnant		
Blood pressure (High/Low)			Headaches			Seizure Disorder		
Cancer / tumours			Heart Attack			Skin infections (ie. tinea)		
Cerebral Palsy			Hernia			Stress		
Chronic Fatigue			Infectious conditions			Thyroid conditions		
Circulatory condition			Insomnia			Varicose veins		
Cramps			Kidney Disease					
OTHER:								

Do you wear orthotics?

☐ Yes

☒ No

Are you on any medications?

☒ Yes

☐ No

If yes, please give details (including aspirin, ibuprofen, vitamins, homeopathic & naturopathic remedies etc):

contraception pill

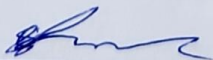
Please list any surgery, broken bones, spinal injuries etc below and the date of injury/surgery or the age you were at the time (current and past)

Injury / Surgery	Reason / Cause	Age/Date	Does this still cause pain/discomfort?
shoulder recon	previous fix of bad surgery (stabilisation 2010)	2013	occasionally in exercise
cesarean	pregnancy complications	2020	—

By signing below I give consent to the massage and acknowledge and agree that:

1. I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension.
2. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.
3. There are always risks involved with any bodywork, listed below are some of the most common, please read and advise your therapist if any are relevant to you.
4. I have been advised that massage may possibly cause one or all of the following:
 1. Pain – refer to item number/s 2, 3
 2. Bruising – refer to item number/s 2, 3
 3. Aggravation of existing condition/s – refer to item number/s 2, 3, 5, 6
 4. Fainting – refer to item number/s 2, 3, 5, 6
 5. Burn – if heat pack is used during the treatment – refer to item number/s 2, 3, 5, 6
 6. Relaxed and/or sleepy – it is probable that you will feel relaxed and/or sleepy after your session, or perhaps, even, a little dizzy when you first get off the table, this is within normal response zones. Please remain seated until your balance is restored and/or you are feeling more awake/alert. If you feel that you are unable to safely leave the premises please advise your therapist and he/she will contact the person of your choice to collect you. Refer to item number/s 2, 3, 5, 6
5. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
6. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.
7. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapists part should I fail to do so.
8. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.
9. I also understand that the Qualified Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.
10. Your appointment time is reserved just for you. Should you not be able to make it, please try to give at least 24 hours notice. If you fail to provide the required notice you may be charged a \$40 missed appointment fee.
11. I acknowledge that I have read and understood the above and give my consent to the treatment.

Client Signature



Date

28/6/22

Privacy Policy

Currambine Massage Therapy is committed to privacy of its clients. Personal information is treated as confidential and is only used for the purpose for which it was collected. Information kept on file will not be released to a third party without the express consent of the client or as required by law. From time to time you may receive communication from Currambine Massage Therapy via: email, postal mail, telephone call, SMS or any other form of communication for the purposes of confirming appointments, newsletters, marketing and/or promotional messages etc.

