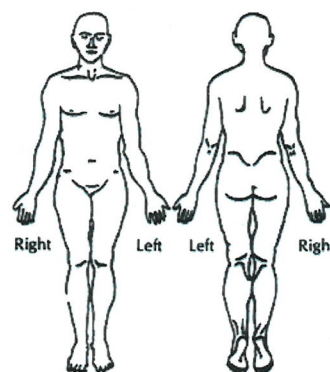


Personal Information – your honest info helps plan the best treatment for you.		
Full Name <i>Nathan Graham</i>		Date of Birth <i>24/09/93</i>
Postal Address <i>7 John Malcolm St</i>		Postcode <i>4880</i>
Home Phone	Work Phone	Mobile <i>0435871350</i>
Please circle: what is the fastest way to get a response from you (e.g. when confirming an appointment) Text Message Home Telephone Work Telephone <u>Email</u> Facebook Message		
Email Address <i>ngraham111@hotmail.com</i>		
Emergency Contact Details – Name and Number <i>Nicola Farley 0488012223</i>		Relationship to you (e.g. Partner) <i>wife.</i>
Occupation – how long? <i>Council</i>	Current Doctor <i>NA.</i>	Health Fund <i>DEF health.</i>
How did you find out about us? Who referred you to us? <i>Baby expo</i>		May I thank them for referring you? <u>Yes</u> No
Physical activities / hobbies / exercise. Do you sit or stand for long hours? (E.g. computer / driving) <i>st for long hours.</i>		
Medications – prescribed or natural: <i>NA</i>		
Medical History (Operations/Illnesses/Accidents/Injuries) <i>NA.</i>		
Please circle any areas you DON'T want massaged Face Head Chest Stomach Back Buttocks Arms Legs Feet		
Please circle what type of massage pressure you prefer: Gentle Firm <u>Hard</u> Very Hard		

Some conditions affect massage. Please tick and circle things below that apply to you NOW.

- ☐ Allergies / Asthma / Sinus / Skin sensitivity
- ☐ Any contagious disease / Cold/Flu
- ☐ Anxiety / Depression / Trouble sleeping or falling asleep
- ☐ Arthritis / Bone problems / Osteoporosis / Spinal problems
- ☐ Bruise Easily / Blood clotting problems / Swelling
- ☐ Cancer / Recent Illness / Surgery
- ☐ Constipation ☐ NOW ☐ SOMETIMES ☐ MOST OF THE TIME
- ☐ Diabetes ☐ TYPE 1 ☐ TYPE 2
- ☐ Dizziness / Numbness / Tingling / Cold hands / Cold feet
- ☐ Fractured bones / Cuts / Burns
- ☐ Headache ☐ MILD ☐ SEVERE ☐ PERSISTENT
- ☐ Hearing or Vision problems / Hearing Aid / Contact Lenses
- ☐ Heart Problems / Blood Pressure ☐ HIGH ☐ LOW
- ☐ Pain ☐ SHARP ☐ DULL ☐ ACHING
- When is your pain worst? ☐ MORNING ☐ NIGHT ☐ ALL THE TIME
- What relieves it? ☐ ICE ☐ HEAT ☐ REST ☐ MOVEMENT ☐ PILLS
- TOPICAL CREAM ☐ other -

Please circle areas of soreness or pain on the body chart:



Any extra health related details:

Massage practitioners are not qualified to diagnose or treat illness or disease or to perform thrust manipulations.
I will keep my massage therapist updated on any changes to this information and my health.

Client Signature

Date *27/5* Therapist Signature

PLEASE READ THIS INFORMATION CAREFULLY

Every massage treatment has potential risks...

Such as causing pain, muscular discomfort, fatigue, bruising, infection, burns (from heat therapy), feeling sleepy, fainting, aggravating existing conditions, creating an aromatic response (irritating/photo-sensitising skin), causing blood pressure changes or interacting with medications.

To minimise possible risk, you must:

Be honest

About all the information you provide regarding your health: especially for heart, kidney, immune or health problems or if you are pregnant/breastfeeding or trying to get pregnant. Massage should not be performed under certain medical conditions.

Tell your therapist

If you have sensitive skin, bruise easily, have any known health problems, if the temperature becomes unbearable (too hot or cold), if the massage pressure level is too intense or if you become uncomfortable or feel unwell at any stage during a treatment.

After treatment

It is common to feel relaxed or sleepy – please get up very slowly from the treatment table and give yourself time to adjust before driving/using stairs. Keep well hydrated with water especially in the 24-48 hours after treatment. Delay your shower for 2 hours to help essential oils keep working.

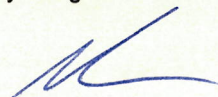
Please read, confirm and sign

- ☒ I understand there are possible significant risks, complications and side-effects to any treatment I receive.
- ☒ I know that the therapist and I both have the right to refuse or stop any treatment at any time.
- ☒ I have the right to ask for further information or to refuse treatment of breast, buttock or groin areas.
- ☒ I agree to read the information brochure I will be given to take home at the end of my first treatment.

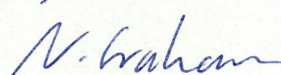
It may be necessary to discuss your condition and/or treatment with your doctor, physiotherapist or referring health care practitioner - you will be informed if this occurs.

Do you agree to such discussion to improve your health? ☒ Yes ☐ No

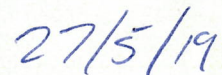
Client Signature

A handwritten signature in blue ink, appearing to be 'N. Graham'.

Client Name

A handwritten name in blue ink, 'N. Graham'.

Date

A handwritten date in blue ink, '27/5/19'.

Nathan Graham

DOB24 Sep 1993

Appointments

Date	Time	Type	Practitioner
6 Apr 2025	2:00PM – 3:00PM	60 minute Massage	Christine Jervis
21 Oct 2024	2:30PM – 3:30PM	1. NEW CLIENT (First Massage)	Christine Jervis

Treatment Notes

Standard Consultation - Remedial Massage

Practitioner: Christine Jervis

Appointment: 6 Apr 2025, 2:00PM

Created: 6 Apr 2025, 1:53PM

Last updated: 6 Apr 2025, 3:02PM

Standard Consultation - Remedial Massage

Presenting complaint (relevant medical history or client info)

What's going on now - client been sore esp shoulders and neck. Not exercising much.
Feedback from previous treatment - loved it last time

Medication or relevant procedures / info identified that may affect the massage.

Details of Medications / Red Flags / Precautions needed etc (i.e. conditions listed above)-

Assessment / Testing done (including ROM) / Observations

Verbal consent obtained.
ROM - not checked today
Anything noteworthy - no
Anything specific to massage (E.g. no foot massage) - hairy arms and legs but ok with oil

Treatment details - what was done today to help the client

Pressure used - 2-3 firm
Music - Kenny G saxophone
Aromatherapy Massage oil - pain extreme blend
Spritzer - lab peppermint

Remedial techniques - shoulders and back especially, some leg work and hips too.

Hot Pack

Lower Body

Hot Stones

2 x Hips; 2 x Back/Shoulders

Hot Wet Towels	Feet; Face
Topical Treatment	Fisiocrem shoulders/neck
What parts of the body were massaged?	Full Body Treatment; Stomach; Gluteals / Lower Back; Neck / Shoulders; Arms - Prone; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs; QLs; ITBs; Glutes
Body Chart	
Feedback after treatment -	Loved it.
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Discussed getting some more regular treatment. Work gets busy in the middle of year and will head to Victoria to help
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Initial Consultation - Remedial Massage	
Practitioner: Christine Jarvis Appointment: 21 Oct 2024, 2:30PM Created: 21 Oct 2024, 3:45PM Last updated: 21 Oct 2024, 3:54PM	
Initial Consultation - Remedial Massage Appointment	
Presenting complaint (relevant medical history or client info)	What's going on now -client's shoulder sore and had ACL surgery and recovery went ok, still stiff with R ACL
Assessment / Testing done (including ROM) / Observations	Verbal consent obtained. ROM - increased Anything noteworthy - Talk build, minor hairy Anything specific to massage (E.g. no foot massage) - used balm on legs and arms Client had any previous treatment elsewhere? Any Red Flags - acl R
Medication or relevant procedures / info identified that may affect the massage.	Injury
Details of Medications / Red Flags etc (i.e.	

conditions listed above)-	
Treatment details - what was done today to help the client	Pressure used - 2-3 firm Hot Stones - 2 x Hips and 2x shoulders back Hot Wet Towels - Feet / Arms & Hands / Hot Pack - Upper Body / Lower Body Topical Treatment - Fisiocrem / Zen / Balm Music -Yanni if there Aromatherapy Massage oil - Lav calm balm and peppermint lavender blend Spritzer - none used Fb no stomach, just psoas release
What parts of the body were massaged?	Full Body Treatment; Gluteals / Lower Back; Neck / Shoulders; Arms - quick prone stretch/massage; Arms - Supine; Legs - Prone; Legs - Supine; Feet; Head / scalp; Face / sinuses
Where any specific trigger points used?	Rhomboids; Upper Traps; Lev Scaps; Pecs; ITBs; Glutes; Psoas Release
Body Chart	
Feedback after treatment -	Felt really good, ITBs and quads were sore
Plan for future results / treatment / progress / homework (including discussion with client, advice, stretches)	Showed pec stretch
Infra-Red Sauna (if applicable - info is below)	
Time in Sauna (minutes) -	
Feedback after treatment -	

Patient Forms

New Client Record	
Practitioner: Christine Jervis Appointment: 21 Oct 2024, 2:30PM Completed: 20 Oct 2024, 2:03PM	
About you...	
What's your health fund?	Union Health
Occupation - how long?	Environmental Health Officer- 6 years.
List your physical activities, hobbies, exercise or sport.	Running, swimming and playing with my children.

Do you sit/stand for long hours? (E.g. car/desk)	Yes
Medications - prescribed or natural	Nil.
Medical History - recent and past operations, illnesses, accidents, injuries or broken bones.	ACL surgery 12mths ago. Hamstring graft.
About Massage...	
How did you find out about our massage clinic?	<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Phonebook <input type="checkbox"/> Massage Association <input type="checkbox"/> Health Professional (Doctor, Physio, Midwife) <input checked="" type="checkbox"/> Referral - word of mouth <input type="checkbox"/> Current/Previous Customer
Who referred you? We use a client reward system - May we thank them?	Nicola Graham
What are your goals or reasons for getting massage?	Relax, help with neck pain.
Type of massage pressure you prefer?	<input type="checkbox"/> Gentle <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Very Hard <input type="checkbox"/> Not sure? (We'll check at your massage)
Any areas you DON'T want massaged?	<input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Stomach <input type="checkbox"/> Back <input type="checkbox"/> Buttocks <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Feet <input checked="" type="checkbox"/> I am ok with all the above areas being massaged <input type="checkbox"/> Not sure? (We will discuss reasons for massaging different areas at your appointment)
Do you experience headaches?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Persistent <input type="checkbox"/> Migraines
Abdominal Massage helps digestive problems. Do you suffer any digestive complaints?	<input type="checkbox"/> Discomfort with a whole mix of things happening <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation (going less than once per day) <input type="checkbox"/> Hard bowel movements <input type="checkbox"/> Loose bowel movements <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Food allergies <input type="checkbox"/> Occasionally experience problems <input type="checkbox"/> Struggling most of the time <input checked="" type="checkbox"/> No problems - everything is working well
Any falls or injuries to your sacrum, tailbone, head, ankles, feet, abdomen or lower back? These are important body balance areas.	No.
Do you have any pain?	<input type="checkbox"/> No pain - nothing hurts <input type="checkbox"/> Morning soreness <input type="checkbox"/> Night time pain <input type="checkbox"/> Happens randomly - can be any time <input type="checkbox"/> Pain doing something specific. E.g. Bending over to touch toes. <input type="checkbox"/> All the time <input type="checkbox"/> Tender to touch <input checked="" type="checkbox"/> Dull pain <input checked="" type="checkbox"/> Aching or throbbing <input type="checkbox"/> Sharp pain <input type="checkbox"/> Stiffness <input type="checkbox"/> Muscle tightness <input type="checkbox"/> Restricted movement
If your body hurts, what relieves it?	<input type="checkbox"/> I have no pain to manage <input type="checkbox"/> Ice <input type="checkbox"/> Heat <input type="checkbox"/> Rest <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/> Stretching <input type="checkbox"/> Medication <input type="checkbox"/> Topical Cream (E.g. Tiger Balm)
Some conditions affect massage. We want to safely treat you. Tick what applies to you -	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Sinus <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Trouble sleeping or falling asleep <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Spinal problems <input type="checkbox"/> Swelling <input type="checkbox"/> Bruise Easily

- ☐ Blood clotting problems
- ☐ Cancer
- ☐ Diabetes Type 1
- ☐ Diabetes Type 2
- ☐ Dizziness
- ☐ Numbness
- ☐ Tingling
- ☐ Cold hands / Cold feet
- ☐ Heart Problems
- ☐ Blood Pressure - high
- ☐ Blood Pressure - low
- ☐ Hearing problems
- ☐ Hearing Aid
- ☐ Vision problems
- ☐ Contact Lenses
- ☒ None of the above apply to me

Any extra health details or info you'd like to share?

Your consent...

Your confidential information helps our Massage Therapist plan the safest treatment. Be honest - tell us if the temperature is too hot/cold, pressure level needs adjusting or you're uncomfortable/unwell or unsure at any stage.

Every massage has potential risks, complications or side-effects. Such as causing muscular discomfort, fatigue, bruising, burns (from heat therapy), aggravating existing conditions, increasing blood pressure or skin sensitivity.

After massage, it's common to feel relaxed or sleepy. Get up slowly from the table - give yourself time to adjust afterwards. Delay your shower for 2 hours for essential oils to keep working. Keep well hydrated with water in the 24-48 hours after massage.

It's ok to discuss my treatment with my doctor, physio or referring health practitioner.

☒ Yes - clients will be informed if this happens.

☐ No thanks.

My Massage Therapist and I both have the right to stop or refuse treatment at any time

☒ Yes - I know I can ask questions at any time too.

I will keep my Massage Therapist updated on any changes to this information and my health.

