seddon therapies

Massage | Osteopathy | Allied Health Care

Patient History & Consent Form

Name: LUKE McDonald

Address: 29 malin st

Suburb: Kew Postcode: 3101

Phone: (mobile): 0459371937 Phone: (Other):

Email address: lukedmcdonald@hotmail.com

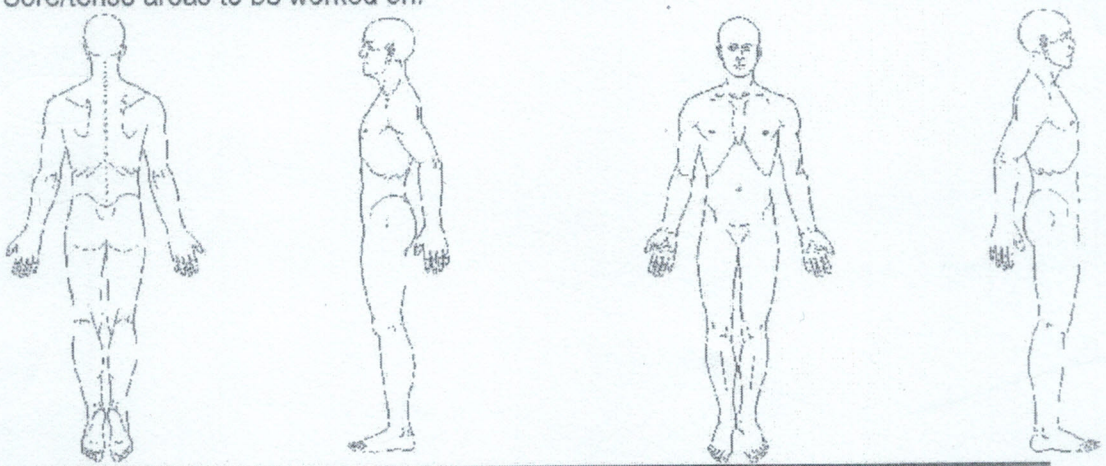
Date of Birth: 9/2/1995 Occupation: Footballer

Referred By: Sports/hobbies:

Medicare Number: (*Reg. for Chronic Disease Management Plan Only*):

Private Health Fund: Medi Bank Is Massage / Osteopathy covered? Y / N

Sore/tense areas to be worked on:



Current or Past Medical Conditions: Please circle & discuss with your Osteopath or Massage Therapist

Low / High Blood Pressure	Asthma	Headache &/or Migraine	Dizziness &/or Vertigo	Diabetes
Pregnant	Skin allergies	Arthritis	Osteoporosis	
Hepatitis / HIV / AIDS	Flu	Recent surgery	Numbness &/or Pins & Needles	
Infectious disease	Heart Disorders	Circulatory Disorders	Neurological Disorders	

Any Other Conditions / Concerns:

(Please Specify).....

Current medications:.....

I will discuss any concerns pertaining to my current condition, treatment & ongoing management. I understand there may be associated risks with Massage / Osteopathic treatment and will discuss any concerns with my practitioner.

Signature & Consent of client: Date: 19/5/2013