

Mr Ben McKay

Initial Consult & Consent2

12 Dec 2019

General

Salutation	Mr	
First names	Ben	
Last name	McKay	
Preferred first name	-	Please enter your name
Date of Birth	24/12/97	Please enter your date of birth
Gender	Male	What is your gender?
Occupation	Elite Athlete - AFL Football	Please enter your occupation
Email Address	benmckay23@outlook.com	Please enter your email address
Mobile Phone	0475 065 596	
Home Phone	-	
Work Phone	-	
Other Phone	-	Please enter your phone number(s)
Address	5/431 Inkerman Street, StKilda East	
City	Victoria	
State	Victoria	
Post Code	3183	
Country	Australia	Please enter your address
Emergency Contact	Tom Murphy	
Phone Number	0428859666	Please enter your emergency contact
Reminder	SMS & Email	How would you like to be reminded of future appointments?

Referred by	Other	
Details	NMFC	How were you referred here?
Please invoice	Me	Who should we send invoices to?

Consent

Seddon Therapies agrees to provide you with a professional Remedial/ Myotherapy treatment tailored to your individual needs with qualified and fully insured therapists. Confidentiality is respected and at no time is any information received from the client during the treatment given to any other person, except with the express permission of the client. Electronic records of treatment and appointments are kept on Cliniko, operated by a third party provider. Their Privacy Policy can be viewed at <https://cliniko.com/policies/privacy>

You as our client, you agree that all the information that you have supplied is true and correct to the best of your knowledge. Failure to disclose information about your health history may affect the treatment you are given. We cannot be held responsible for any effect our treatment has on an existing condition if you have not disclosed it to us here. Likewise, if you develop a new health condition whilst you are a client of Seddon Therapies, you must advise us of any changes to your health history.

Remedial Massage and Myotherapy is a non-invasive treatment for soft tissue dysfunction. It does not usually have any side effects but we would like to advise that post treatment, you may feel a little sore which is quite common and normal. The discomfort you feel post treatment will be similar to the discomfort you can feel post exercise and should ease up within a few days after your treatment. If you have any concerns about how you feel after your treatment with us, please contact us immediately for assistance.

Underwear is always to be worn during treatments and you will be draped with towels appropriately to respect your privacy unless you have expressly been requested to remove underwear for best treatment results. Your express permission will be sought prior to each occasion this is seen as beneficial.

At any time during your treatment, if you are uncomfortable, you have the right to speak up and ask your therapist to stop doing a particular technique. You are also able to stop the massage at any point if you wish to.

I have read the agreement for care and accept these terms and conditions

☒ I accept

Consent

If you wish to cancel an appointment, we require at least 12 hours notice of cancellation. If an appointment is cancelled less than 12 hours before the scheduled appointment time, you may be charged a fee. Missed appointments without notification may also incur a fee.

☒ I accept

Cancellation Policy

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

Medical

-	Please tick any conditions you have
Hayfever	Please list any allergies you have.
Hip surgery (shave bone), knee arthroscopy on left side	Please list any surgeries you have had.
-	Please list any other disease or illness you have.
Peter Baquie 0403381531	Please enter the name and phone number of your doctor.
-	What are you current medications?
-	Please detail any neck or spinal injuries you have had and the approximate dates.
-	Please detail any cancer you have had, dates and treatment provided or undergoing.
-	Has anyone in your immediate family had any of the following conditions?
-	What recreational hobbies or activities do you do each week?
Treatmen	What is the reason for today's visit?
None	Please list any areas of your body you would rather we didn't treat.

Acceptance

Please review and confirm your answers.

A handwritten signature in dark blue ink, appearing to read 'Ben McKay', with a large loop at the top and a horizontal stroke at the bottom.

Signed, Ben McKay
on 12 Dec 2019, 1:57:45 pm