remedial + *relaxation*

CONSCIOUS CARE
MASSAGE THERAPY

afforable *personalised* health care

NAME (LEGAL) _____ D.O.B _____

PREFERRED _____ SEX: ☐ F ☐ M ☐ I

PHONE _____ EMERGENCY CONTACT

EMAIL _____ NAME _____

PRONOUNS _____ PHONE _____

Contact information is for my documentation. You will not be sent marketing material unless you have given explicit permission.

☐ I would like to be sent marketing material

How did you learn about Conscious Care?

Have you received massage therapy or bodywork before? ☐ Y ☐ N

What is your occupation? How do you spend *most* of your time? Job/carer/student?

Please describe the activities and periods of inactivity you engage in with your body. Exercise/classes/hobbies/commitments

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perfom spinal manipulations. I will inform the therapist of my current condition at the time of each visit, and any changes since my previous visit.

Signature:

Please mark any of the following conditions you may have.

- [ ] **Acute pain**
- [ ] **Chronic Pain**
- [ ] **Neck or spine injury**
- [ ] **Numbness or tingling**
- [ ] **Neurological dysfunction**
- [ ] **Dizziness**
- [ ] **Headaches/migraines**
- [ ] **High blood pressure**
- [ ] **Low blood pressure**
- [ ] **Heart attack**
- [ ] **Stroke**
- [ ] **Blood clots/DVT**
- [ ] **Varicose veins**
- [ ] **Oedema/swelling**
- [ ] **Rashes, lumps, changes in skin**
- [ ] **Bruising**
- [ ] **Open wounds**
- [ ] **Surgeries**
- [ ] **Accidents**
- [ ] **Fatigue (general or chronic)**
- [ ] **Insomnia/sleep disorders**
- [ ] **Depression**
- [ ] **Anxiety**
- [ ] **Sudden changes in mood**
- [ ] **Arthritis**
- [ ] **Osteoporosis**
- [ ] **Joint replacement**
- [ ] **Implants**
- [ ] **Cancer/tumours**
- [ ] **Lymph node removal**
- [ ] **Diabetic/complications**
- [ ] **Infection**
- [ ] **Urinary tract/kidney infections**
- [ ] **Liver ailments**
- [ ] **Fever**
- [ ] **Cold or flu symtoms**
- [ ] **Nausea, vomiting or diarrhea**
- [ ] **Allergies**
- [ ] **Other...**

Are you on any medication?

- [ ] **Yes:** **Please list:**
- [ ] **No**

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