



Patient Information form

**** Please complete in block letters**

Patient details

Initial and First Names:		Gender: M/F/other
Surname:		Title: Mr/Mrs/Miss/Ms
ID no:		
Contact number:		
Alternative contact number (if applicable):		
Email Address:		
Physical/Postal Address:		
		Code:
Next of kin:		
Relationship to patient:		
Contact number:		

Medical aid details

Medical aid and plan:
Medical aid no:
Patient code:

Person responsible for medical aid

****To be completed if you are not the main member**

Initials and First Name:
Surname:
ID no:
Contact number:

Fee per single session:

- Deep tissue initial session: R720.00
- 30-minute session: R550.00
- 60-minute session: R610.00
- 90-minute session: R660.00
- Kinesio Taping: R250.00

Travel cost:

We do offer home consultations at an additional fee of R250.00, up to a 50km radius

Confidential information



Consent form

(Permission to obtain Deep Tissue Massage, also known as Sports Massage Therapy, by Reignite Health (PTY) Ltd)

I, Full Name: _____, understand and declare that

- Sports Massage Therapy does not replace any medical treatment
- Sports Massage Therapy cannot be claimed by medical aid, thus an upfront payment after each consultation is required unless arranged otherwise. If my account is not settled within 45 days, it will be handed over to the lawyers representing Reignite Health
- Reignite Health also provides home consultations on 60 minute massages only, and thus a travel fee will be charged
- The Massage Therapist may be a few minutes late to my sessions as traffic is unpredictable
- If I do not cancel my appointment 12 hours before my session, 100% of my session fee, including travel (if applicable), will be charged
- All information given in the initial assessment, if needed, is true and correct (i.e., medical conditions, medications, primary complaint, family history, etc.)
- The Massage Therapist is not allowed to diagnose me of any injury or condition, and I may need to be referred to the appropriate professional for a diagnosis
- The Massage Therapist has informed me of the possible adverse effects I may experience during and/or after my session
- During the assessment and sessions, clothing will need to be removed to reveal specific body parts that are being massaged and I understand that I may refuse such when I become uncomfortable
- The Massage Therapist will need to touch me during the assessment and sessions to massage me and I understand that I may refuse such when I become uncomfortable
- The Massage Therapist is allowed to discontinue treatment should s/he feel uncomfortable
- My treatment may take long and expected results are not guaranteed. Each body reacts differently to Sports Massage Therapy thus, I will not compare my progress to someone else's
- The Massage Therapist may need to disclose any given information with other health professionals after written and/or verbal consent has been given
- All given information will be treated with the greatest confidentiality unless if it is ethically acceptable to disclose information without consent
- Parents/guardians are preferred to remain during the session if the child is under 12 years of age, unless the parent/guardian has provided written permission for the child to have the session alone
- I give consent freely and declare that it was not forced

I further agree to the following:

- I approached Reignite Health for Sports Massage Therapy at my own will
- Reignite Health does not take responsibility for any liability or damages for this confession; and I will not cause any harm to Reignite Health for any further confessions and predispositions I may endure because of such confessions
- I consent to Sports Massage Therapy; and cause of further injury to myself/dependent/property, or death, will not be Reignite Health's fault
- I confirm that I am an adult and of sound mind to consent to Sports Massage Therapy for myself/the dependent
- I am aware that Reignite Health will keep my records secure from the public for at least seven years post Sports Massage Therapy, or death. My records will only be shared with the court/medical doctors or family upon my consent, or the consent of my emergency contact should I not be able to provide consent for myself

I agree that I understand the above and that I was not forced to consent to Deep Tissue Massage/Sports Massage Therapy. I also agree that all questions regarding the consent form have been answered/clarified.

BHSc (Biokinetics) with Honours (WITS)
Sports Massage Therapy (HFPA)
HPSCA #: BK 0035327
PRACTICE #: 0981400



Contact: (+27) 083 562 9201
Email: bmbio@reignitehealth.co.za
Website: reignitehealth.co.za
Facebook: Reignite Health
YouTube: Reignite Health

Please note that Sports Massage Therapy cannot be claimed for by medical aid. Your account must be settled after each session, unless otherwise arranged.

I _____ hereby declare that the information provided is correct and true as on the date of signature hereof. I will take full responsibility against any claims instituted to Reignite Health (PTY) LTD should any information be incorrect or not true. I undertake to promptly advise Reignite Health (PTY) LTD of any changes made to the abovementioned information as and when they occur.

Signature (parent/guardian if patient is under 12)

Date

Reignite health authorised signatory

Date