

# Client assessment form

Please also read the document 'Information for your appointment'.

Personal Details	
Name	
DOB	Age
Address and Post Code	
Email address	
Emergency Contact Details	
Home no	Mobile no
How did you find out about Retune Sports Massage?	Would you like to follow Retune Sports Massage on Social Media?

Medical details	
Doctor's Name And surgery	

Medical history	Details
Have you had any of the following...?	
Constant breathlessness	
Chest pain/ heart condition	
Haemophilia / Cancer / Diabetes mellitus	
Stroke/ heart attack/ blood clots	
Muscle tissue changes	
Long-term use of steroids	
Are you currently pregnant?	
If yes, please check with me that I can treat you	
Do you currently have:	
Night pain/ changes in sensation and or recent loss of control when toileting	
Unplanned weight loss/ general malaise/ fever/ dizziness/ loss of balance	
If yes, please seek medical attention: some conditions with these symptoms may be a medical emergency	

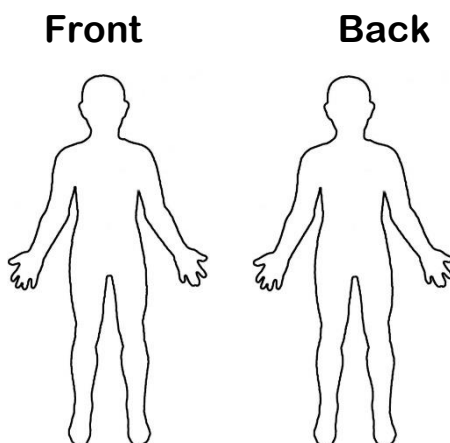
If there is any change in your condition between completing this form and the appointment, please let me know.

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Are you..?	Add detail
Allergic to cleaning/ laundry products / tapes or oils?	
Immunocompromised?	
Suffering a skin infections/ eczema/ fragile skin	
Recent Injury (sprains/strains/wounds)	
Taking any medications?	

Physical Assessment	Add detail
Type and frequency of usual physical activity	
What is your occupation?	
How well do you sleep? Position? Pain?	
Old injuries that might be significant	
Any relevant family history?	
Advice from other therapists for your current issue?	
What would you like treatment for?	
Or booking is for relaxation	

Indicate location of pain on the picture.



## Disclaimer

I confirm that the above information is correct to the best of my knowledge.

All treatments will be explained to me.

I give consent to hands on assessment and remedial massage.

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_