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| 2022 Oriental Holistic Massage & ACT Sport Massage  Female Massage Health & Concern Form  Please note: The information on this form is kept strictly confidential.  First Name: ……………………………………………Surname: ………………………………………  Postcode: ……………………….  Date of Birth: ……………………. Contact Number: ……………………………………….  Emergency only contact name and number: ……………………………………………………… Occupation: ………………………………………………………………  Email address: (Please Print) ……………………………………….  Reason for visit?......................................................................  Where did you find Oriental Holistic Massage or ACT Sports Massage?....................................................  Have you had, or are you currently suffering from, any of the following? Please tick the one you have.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Varicose veins | | Kidney Ailments | Blood Clots | Infectious conditions | | Headaches | | Heart Ailments | Stroke | Aids / HIV | | Depression | | Heart pacemaker | Numbness or Pins & Needles anywhere | Herpes | | Neck/spinal injury | | Joint replacement | Allergies | Shingles | | Neck or spinal surgery | | Diabetes | Hepatitis A, B, C | Skin Disorders | | High/low Blood Pressure | | Epilepsy | Cold/flu/fever | Osteoporosis (Bones) | | Have you or did you have breast cancer? Yes-No  L or R | | Mastectomy R-L or both? Yes-No | Do you have breast implants Yes - No | Do you have sore breasts? Yes-No | | Fibromyalgia | | Arthritis? If so, where? | Please mark areas of pain (P) or injury (INY) or No massage (NM) on the chart below. | | | Are you pregnant? |  | | | Any other conditions that are not listed above? | | |   Are you currently under any medical or health care treatment, taking medication, or have you had recent surgery? If so, please describe……………………………………………………………………………………  ………………………………………………………………………………………………………………….....  ................................................................................................................................................................  Client Signature………………………………… Date………………  Massage Therapist Sign .................................. Date: .................... |