

Health History Form – Please complete the first three pages



Name:

DOB:

Phone (H)

(W)

(M)

Address.....

Email..... Occupation

Present concern.....

Please list, most recent first, and give dates

Date	Injury	Specific
		<input type="checkbox"/> Whiplash
		<input type="checkbox"/> Head impact
		<input type="checkbox"/> Coccyx impact
		<input type="checkbox"/> MVA

Date	Operations	Specific
		<input type="checkbox"/> Laparoscopy
		<input type="checkbox"/> Caesarian
		<input type="checkbox"/> Appendix
		<input type="checkbox"/> Cholecystectomy

Medication	Supplements

Please tick any that apply either present or past

Body

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Allergies | <input type="checkbox"/> Ankles | <input type="checkbox"/> Arms | <input type="checkbox"/> Arthritis OA |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Bony Spine | <input type="checkbox"/> BP High/Low | <input type="checkbox"/> Bruising |
| <input type="checkbox"/> Breathlessness | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Carpel Tunnel | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Discs |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> DVT | <input type="checkbox"/> Eczema | <input type="checkbox"/> Elbows | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Feeling stuck | <input type="checkbox"/> Feet | <input type="checkbox"/> Fingers | <input type="checkbox"/> Flatulence |
| <input type="checkbox"/> Frozen shoulder | <input type="checkbox"/> Fungal infection | <input type="checkbox"/> Gout | <input type="checkbox"/> Groin pain | <input type="checkbox"/> Hands |
| <input type="checkbox"/> Head | <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hips |
| <input type="checkbox"/> IBS | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Jaw | <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Knees |
| <input type="checkbox"/> Kyphosis | <input type="checkbox"/> Large intestine | <input type="checkbox"/> Legs | <input type="checkbox"/> Metal-ware | <input type="checkbox"/> Menopausal |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Neck | <input type="checkbox"/> Numbness | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Poor circulation | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Rheumatoid (RA) |
| <input type="checkbox"/> Ribs | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Shin splints | <input type="checkbox"/> Shoulders |
| <input type="checkbox"/> Sinuses | <input type="checkbox"/> Small intestine | <input type="checkbox"/> Stress | <input type="checkbox"/> TB | <input type="checkbox"/> Tension |
| <input type="checkbox"/> Tingling in limbs | <input type="checkbox"/> Toes | | | |
| <input type="checkbox"/> Tired after eating - | <input type="checkbox"/> 1hour | <input type="checkbox"/> 2 hours | <input type="checkbox"/> 3 hrs | |
| <input type="checkbox"/> UTIs | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Vision | <input type="checkbox"/> Wake in night | <input type="checkbox"/> Wrists |

Lifestyle

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Coffee | <input type="checkbox"/> Contact Lens | <input type="checkbox"/> Dentures | <input type="checkbox"/> Diary |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Walking | <input type="checkbox"/> Running | <input type="checkbox"/> Swimming | <input type="checkbox"/> Team Games |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Pilates | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Fizzy Drinks | <input type="checkbox"/> GF | <input type="checkbox"/> Glasses | <input type="checkbox"/> Herbal Infusions | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Tea | <input type="checkbox"/> Water | <input type="checkbox"/> Vegetarian | | |

NOTES

Sarcomere Bodyshop Terms and Conditions

Your appointment will be carried out with the expected discretion and attitude, attributed to both parties. You are requested to fill out a health history form for the benefit of your treatment so as to identify the best treatment for you. It is the intention to provide a quality service to benefit your overall wellbeing in function and daily life.

Appointments

- ✚ If you are unable to attend your appointment notice of 24 hours is requested, as a minimum charge of 50% will be incurred.
- ✚ If you require a reminder for your appointment and do not attend you will be charged the full amount and \$5.00 for the administration and required preparation for your treatment.
- ✚ Receiving a reminder is complimentary to your responsibility for your appointment to attend or change. I would like to receive a reminder up to 4 days prior to my appointment. **Y/N**

- ✚ You are asked to arrive as punctually as possible or you may find that you will be charged for the complete appointment time even though this may not have eventuated, particularly if there is a following client.
- ✚ If you have a cold/flu, other systemic illness, or diarrhoea, please let your therapist know as soon as possible as treatment may not be recommended during this time.
- ✚ Attending for an appointment in an intoxicated state will nullify the appointment and you will be charged for the appointment, as this can adversely affect the body's reaction to massage.
- ✚ You are asked to attend your appointment with a clean body for the purposes of your treatment.
- ✚ You may be asked certain questions during your treatment to clarify.
- ✚ After your appointment you may need to take time for yourself.

Payment

You are asked to pay on the day, either by cash or within 2 days by internet unless otherwise agreed.

How did you find of Sarcomere Bodyshop

A client Family member Friend.... Massage NZ.... Rangiora.com Google Therapist..... Other

Sarcomere Bodyshop does not provide diagnostic information and in no manner attempts to act in the capacity of a Physiotherapist or any other professional modality. In such an event that another modality may be helpful to your treatment and/or condition then this will be suggested, or referral to such with your knowledge will be undertaken.

All client records are maintained in a secure place.

Signature of Client **Date**

Signature of Therapist