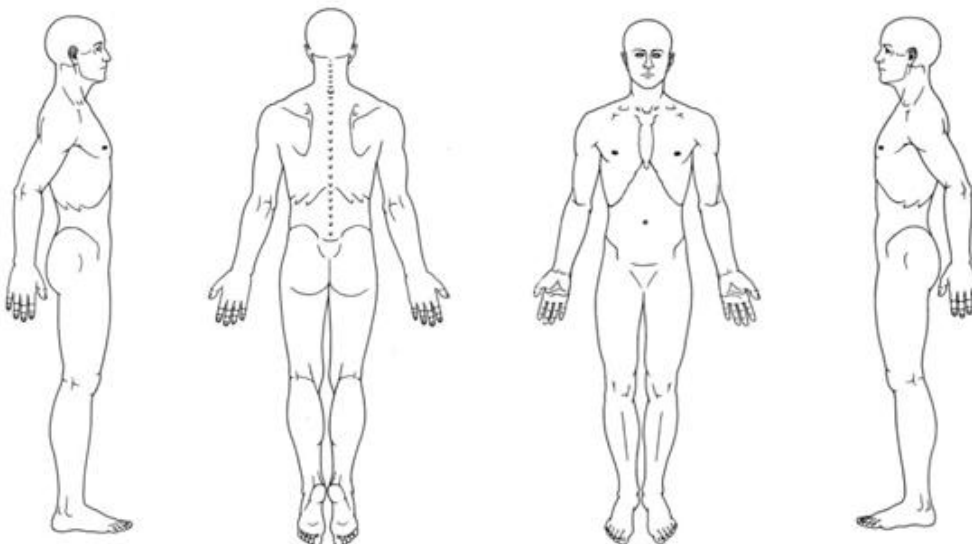


connect:healthcare

remedial massage therapy form

general information

Full Name: _____ Date of Birth: ____ / ____ / ____



please indicate on the diagram above the location of your pain / discomfort

presenting complaint

What is the main reason for your visit today? _____

Has this occurred before? Yes / No How many times previously? _____

What caused this issue? _____

When did it begin? _____

Have you received any other treatment for this issue? _____

patient information

Please read the following information carefully before signing.

Risks of care & consent for care

I have chosen to consult with and hereby give consent for massage therapy to be provided by Connect Healthcare Group's Remedial Massage Therapist.

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.

I understand that massage may provide benefits for certain conditions, but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general wellbeing.

I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.

I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

Patient signature: _____ **Date:** _____

Printed name: _____