



(a further  
consultation may be  
needed)

Details of any operations had, or upcoming.

Medication that could be effected by massage, or that you'd like me to know about?

Have you been diagnosed with depression or anxiety?

Finding out about you.

This helps me to build a picture of what you may need from the treatment.

Weight:

Height:

Children's ages if applicable:

Allergies (particularly to oils/ointments)?

Difficulties lying on front, back or side?

How do you spend your days?

What's your Job, home life, commuting, desk work, manual labour, exercise?

Do you have time to relax and recharge? Yes / No

If there is pain:

When did it start?

What does the pain feel like? Achy / Tingling / Electrical

Does it radiate or refer elsewhere?

What makes it better,

or worse?

**O** Circle where you would rate your pain during a bad patch?

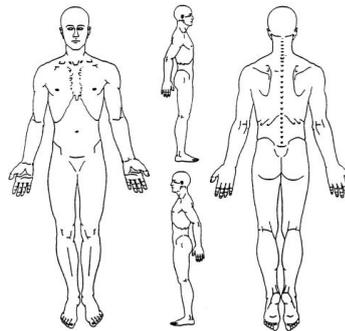
**X** Cross where you would rate your pain on day of treatment.

1                      2                      3                      4                      5  
(not too bad).    (bearable) (consistently painful) (consistently very painful) (unbearable)

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**Have you had a diagnosis and what treatments have you tried?**

**What would you like to get from your treatment, what is your need?**



**Where does it feel like your pain is?**

I understand the massage I receive is for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I'll immediately let Phillippa know so that the pressure and/or strokes can be adjusted to my level of comfort.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and agree to keep Phillippa updated with any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Please see my website for Privacy Statement and how your data is used.

Date:

Signed:

Therapists Notes:

Observations:

ROM:

