NORTH BRISBANE
HEALTHCENTRE

New Client: Massage Assessment Form

Part 1 – Client Details

First Name: _____ Family Name:_____ D.O.B ___/____/____ M □ F □

Address_____ Suburb_____ Post Code_____

Mobile:_____ Email: _____

Occupation: _____ Not Working □

Physically active recreational activities and frequency

Activity	Frequency
1)_____	
2)_____	
3)_____	

Part 2 – Medical History

In order to gain the most benefit from your assessment and treatment, please attempt to answer all of the following questions.

Have you ever had any of the following conditions?

Yes	No		Yes	No		Yes	No	
□	□	Allergies	□	□	Heart Attack	□	□	Epilepsy
□	□	Loss of hearing	□	□	Heart Murmur	□	□	Convulsions
□	□	Asthma	□	□	Positive stress test	□	□	Stroke
□	□	Kidney disease	□	□	Heart Valve Abnormality	□	□	Thyroid trouble
□	□	Prostatitis	□	□	Angina	□	□	Anaemia
□	□	Colitis	□	□	Heart Failure	□	□	Eczema
□	□	Hepatitis	□	□	High Cholesterol	□	□	Cancer
□	□	Liver disease	□	□	High Blood Pressure	□	□	Sleep Apnoea
□	□	Pancreatitis	□	□	Arthritis/rheumatism	□	□	Diabetes
□	□	Ulcer	□	□	Loss of consciousness	□	□	Osteoporosis

MEDICATIONS:_____

Part 3 – Additional Health and Lifestyle Questionnaire

Please answer the following questions honestly

Yes □ No □ 1. Are you experiencing any stress, mood problems, relationship difficulties, or substance-related problems?
Yes □ No □ 2. Have you had any surgical operations in the last 10 years? Outline below
Yes □ No □ 3. Have you ever been hospitalized? If yes, list date, length and reason for stay below
Yes □ No □ 4. Are you currently under a doctors care? If yes, list reason for treatment.

Q no.	Details

Part 4 – Reason for seek treatment

Region of main complaint: _____

Briefly outline your reason for seeking treatment:

_____

_____

Briefly outline your **expectation** of treatment:
e.g. "better movement", "pain relief" _____

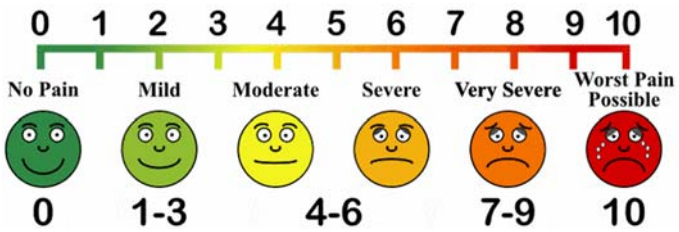
How long have you been experiencing these symptoms? _____

Have you previously received treatment? Yes No

Diagnosed? Yes No If yes, by whom? _____

Symptoms have: ☐ Worsened ☐ Improved ☐ Stayed same

If you are experiencing pain, indicate how much on the scale below:



Part 5 – Body Chart

Indicate areas of sensory disturbance, intensity and type of pain