Muscle Therapy Australia

Name: _____ Gender: Male / Female Date: ____ /____ /_____

Address: _____

Suburb: _____ Post Code: _____

Phone: (H) _____ (W) _____ (M) _____

E-mail Address: _____Date of Birth: ____ / ____ / _____

Health Fund: _____ Occupation: _____

Medications/Vitamins etc…:_____

Allergies:_____

Exercise: _____How Often? _____

Do you go to the gym? **YES/NO** What gym do you attend? _____

Do you see a Personal Trainer: **YES / NO**, if YES who/Where? _____

Previous Injuries, operations or illnesses:_____

Presenting Condition: _____

How did you hear about us/ who referred you?_____

If you found us through a Google search, what did you search for? _____

Did you find us by clicking the paid ads either at the top or right side of Google? **Yes/No**

Do you / have you suffer/ed from any of these conditions? Please tick

○ High Blood Pressure	○ Low Blood Pressure	○ Diabetes
○ Epilepsy	○ Heart Condition	○ Recent Stroke
○ Migraines	○ Joint Replacement _____	○ Stress
○ Arthritis. Where?_____	○ Asthma/Respiratory issues	○ Deep Vein Thrombosis
○ Whiplash	○ Dizziness. How often?_____	○ Headaches. How often?_____
○ Lower Back issue. What?_____		○ Disc Injury Where? _____
○ HIV	○Hepatitis	○ Haemophilia
○ Infectious skin diseases	○ Cancer. Where? _____ When? _____	

○ Others. Please list _____

Are you Pregnant? YES / NO If yes how many weeks? _____

PREGNANCY CONSENT: I hereby give my consent for Muscle Therapy whilst pregnant.

Signature of client:_____ Date: ___ / ___ / ____

CONSENT: I hereby give consent for Muscle Therapy.

Signature of client:_____ Date: ___ / ___ / ____

(Office use only)

Practitioner Consent: I confirm that I have explained the treatment and plan for this client.

Signature of Therapist: _____ Date: ___ / ___ / ____

Please turn over and complete the other side as well.

Cancellation Policy

Once you make the appointment please note that it is your responsibility to diarise it and arrive on time. If you have a work and a personal calendar please make sure you enter it in both so as you don't over look the appointment if you get busy at work. If you cancel within 24 hours of your appointment time then a 50% fee will be charged to you, payable within 7 days either in person at your next appointment or online. If you forget on the day and miss your appointment or fail to give at least 3 hours notice then you will be charged the full fee of your appointment.This fee will need to be paid at your next appointment, on the phone via credit card or through the website via credit or Paypal and you will have 7 days to pay. We're sure you will understand as if you miss your appointment it means another client who is on the wait list will miss out and as we are a client based business we also lose income.

All email appointment reminders also contain the cancellation policy so please be sure to be aware of this before cancelling an appointment.

There may be understandable circumstances whereby you give late notice for cancelling or don't show up to your appointment and this will be taken into account individually.

I hereby acknowledge the cancellation policy of Muscle Therapy Australia and agree to abide by these conditions when booking and cancelling appointments.

Name:_____ Signature: _____ Date: _____

PRACTITIONER USE ONLY

Past History

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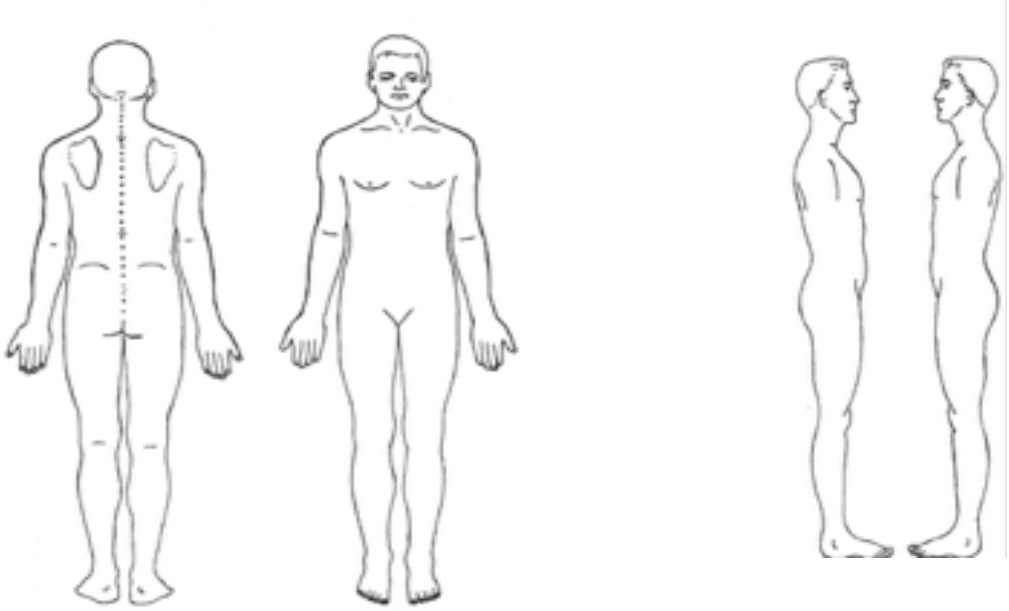

Subjective/History -

_____
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_____
_____
_____

Objective - _____
_____
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_____
_____

Assessment/Impressions - _____
_____

Treatment - _____
_____
_____
_____

Plan - _____
_____