APPLIED BODY® THERAPEUTICS

Remedial Massage Therapy

Office Use Only
Record Number

CONFIDENTIAL CLIENT INFORMATION

Surname: ……

Other Names: ……

Address: ……...

…… **Post Code:**……..……

Phone Number: (H) ……..

(M) ……..

Email Address: …….

Occupation: …… **D.O.B.** ……

Indemnity:

In consideration of the treatment and subsequent future treatments (herein referred to as the 'said treatment') I receive from the proprietors, management, sub-contractors and employees of APPLIED BODY THERAPEUTICS (herein referred to as the 'said service provider), I state the following:

I hereby agree to indemnify, release and forever discharge the said service provider from all actions, suits, claims and demands relating to or arising from the said treatment I receive, including all Claims or demands which may be bought against me by any third party, and I do further agree that this indemnity may be pleaded in complete bar to any proceedings instituted by me and I specifically indemnify the said service provider in respect of any liability or claims by any third party, which may arise as a result of the use or application of the said treatment I so receive.

I further state that the information provided by me is true and correct.

……..	……..	…….
Signature of Client	**Date**	**Witness**

Members of the **Australian Natural Therapists Association**
National Register of Accredited Natural Therapists

Allergic to any Oils**?** NO YES ……

Applied Body Therapeutics

Remedial Massage Therapy

Medication (prescribed or non-prescribed)

……

	YES	NO	COMMENTS
Smoker	☐	☐	……
Neck Pain	☐	☐	……
Back Pain (Upper – Lower)	☐	☐	……
Chest Pain	☐	☐	……
Heart Disease/ Issues	☐	☐	……
Circulation Problems	☐	☐	……
Blood Pressure (High or Low)	☐	☐	……
Recent Surgeries	☐	☐	……
Cancer	☐	☐	……
Chronic Fatigue/Fibromyalgia	☐	☐	……
Fractures (Old or Recently)	☐	☐	……
Hepatitis/HIV	☐	☐	……
Arthritis	☐	☐	……
Accidents/Serious Trauma	☐	☐	……
Pregnancy last 12 months	☐	☐	……
Any other health concerns	☐	☐	……

Nature of Injury: ……..

……..

Cause of Injury: …… **Date of Injury:** ……..

Office Use Only

Therapists Comments:

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Signed: **Date:**

Entered in TM2