

Client Profile

Name: _____ Sex: F / M

Address: _____

Postcode: _____

Phone - Home: _____ Work: _____ Mobile: _____

Email: _____

Date of Birth: _____

Occupation: _____

Regular sports / Physical activities: _____

Health Fund: _____

Have you had a massage before? Y / N

How did you hear about Tara Goulding Massage Therapy? _____

Please provide information on the following:

Illness: _____

Injury: _____

Accident: _____

Fractures: _____

Spinal disorders: _____

Osteoporosis _____

Infections / Contagious disease: _____

Allergies: _____

Operations: _____

Heart or circulation disorders: _____

Headaches / Migraines: _____

Pain / Tingling / Numbness: _____

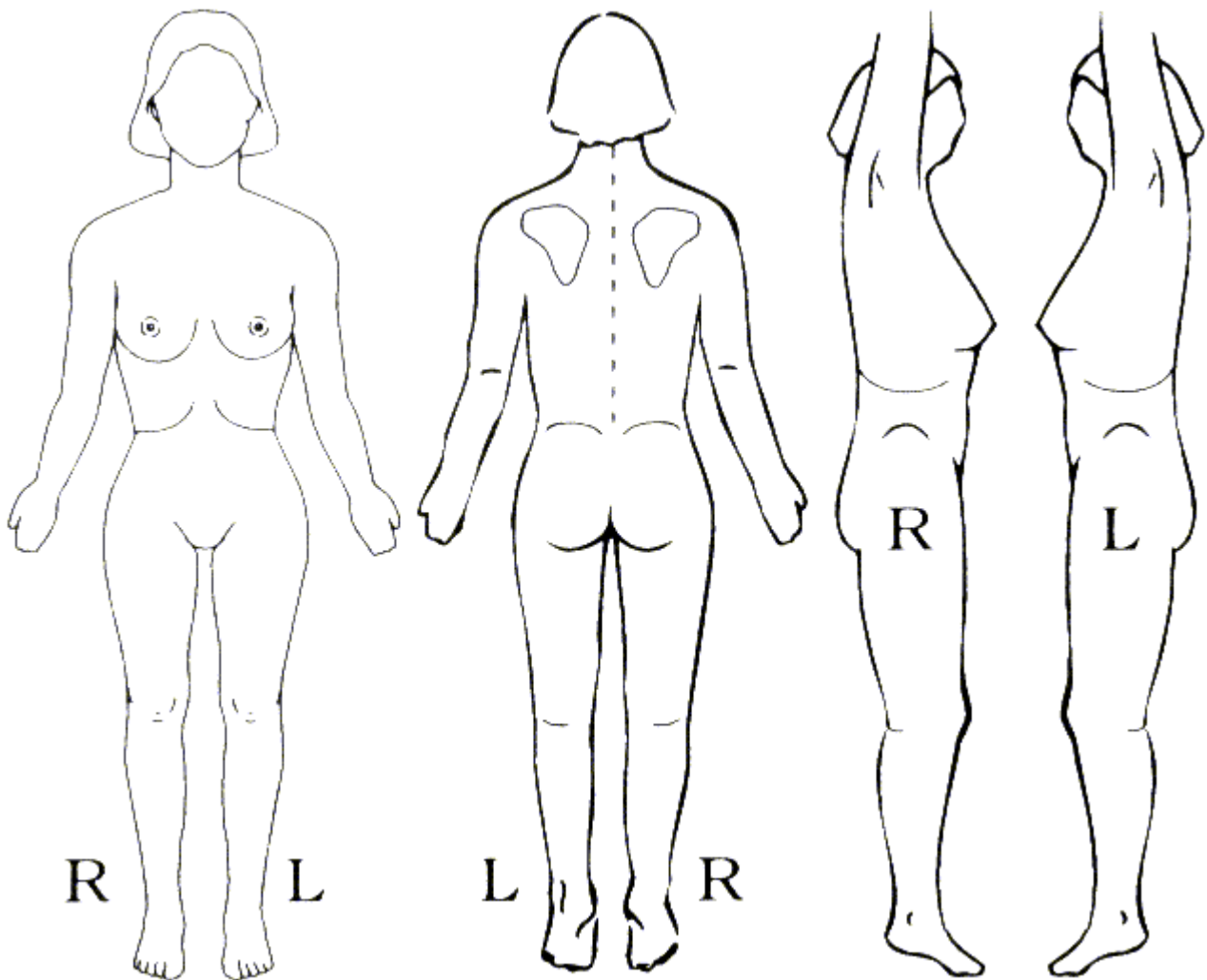
Pregnant - Weeks: _____

Cancer: _____

Other current treatment, including medication: _____

Any other health information: _____

Please mark any current pain on the diagrams below:



I confirm that the above information is correct to the best of my knowledge, and that I will inform my Massage Therapist of any changes to the above information as soon as practical.

I agree to the Cancellation Policy (also available at www.tgmt.com.au/cancel.html): If I give less than 24 hr notice of cancellation, I will be charged the full amount of my cancelled appointment. If I am not home when my Massage Therapist arrives at my scheduled appointment time, my Massage Therapist will wait 15 min before leaving, and I will be charged the full amount of my missed appointment. If I arrive home late, or am not ready when my Massage Therapist is ready to start my massage, my session time will be shortened accordingly so as to not affect clients who have appointments booked after me.

Signature: _____

Date: _____

