



• SACRED HEARTH •

Client Health History Form

Private and Confidential

Welcome to *Sacred Hearth!*

Please help me provide you with the best and most effective care possible by taking the time to complete this *Health History Form* carefully, honestly, and to the best of your knowledge.

All information provided by you, and recorded by me, will be treated with complete confidentiality as per the *Australian National Privacy Principals*, and will not be used for any purpose other than those stated on this form or discussed with you personally.

Your careful responses to these questions will assist me in ensuring that any risks associated with therapeutic intervention are minimised and that the appropriate care is provided.

General Information

Title: Mr. / Mrs. / Miss / Ms / Other: _____ Surname: _____

Given Name(s): _____ Preferred Name: _____

Street Address: _____ Postcode: _____

Suburb: _____ Date of Birth: _____ Occupation: _____

Health Fund: _____ Phone No.: _____ Mobile No.: _____

Email Address : _____ Receive text & email notifications: Yes / No

Recreational Activities/Hobbies: _____

Lifestyle: Sedentary / Moderate / Active Sleep Quality: Good / Disturbed / Insomnia

Stress Levels (1 = low, 5 = high): At home - 1 2 3 4 5 At work - 1 2 3 4 5

How did you hear about this practice? (please ✓):

Friend Another Healthcare Practitioner Social Media Google Other: _____

Emergency Contact

Emergency Contacts Name: _____

Relationship to you: _____ Phone Number: _____

Doctor/ Primary Healthcare Provider Details

Doctor/Primary Healthcare Providers Name & Practice: _____

Practice Address: _____ Phone Number: _____

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Health Questionnaire

Are you pregnant? NO / YES - If YES, how far along are you (in weeks) _____, is this your first pregnancy? YES / NO and have you experienced any pregnancy related complications (past or present) NO / YES - If YES, please disclose so that we may assess any contraindications to treatment: _____

Do you have difficulty lying on your front or back? YES (*front / back / both*) / NO

Please list any allergies or sensitivities you have that may affect your treatment here, such as potential reactions to certain fabrics, creams, massage oils, scents, and essential oils: _____

Please disclose ALL health conditions that may affect or be affected by your treatment here. These may include, but are not limited to, menopause, Arthritis, Diabetes, mental health problems/illness, a history of heart problems, high or low blood pressure, blood clotting issues, seizures, digestive problems such as constipation or IBS, hernias or unexplained lumps, sinus problems, oedemas (swollen tissues), frequent headaches or migraines, and skin problems such as acne, eczema, psoriasis, rashes, broken or cracked skin, open wounds etc.

Please list ALL injuries, and subsequent hospitalisations, treatments, surgeries, or operations you have undergone (it does not matter how long ago these occurred, please state ALL past and present injuries). These may include, but are not limited to, concussions, fractures, breaks, dislocations, reconstructions, fusions, transplants, sprains, tears, and cancer treatments. (Please include approximate dates): _____

Please list all medications currently being taken: _____

Any other illnesses, issues or concerns relevant to your treatment here that you wish to disclose: _____

Standard Treatment Procedure

Below is a general outline of our standard 1:1 treatment procedure. Please be aware that this is the standard structure for Massage/Bodywork* Sessions, and slight variations may occur depending on your chosen modality (ie. Yoga, Reiki, Sound & Crystal Healing, Counselling etc.).

Your session begins when you arrive, and ends when you leave the premises, and includes the brief consultation process prior to treatment, time spent undressing and re-dressing in the treatment room, the treatment itself, and the de-brief/after-care advice following treatment. Please consider these factors when choosing your desired session length.*

Upon your arrival, the practitioner will review and discuss your Health History details with you and determine a therapeutic strategy that is appropriate for your needs, preferences, and intentions, and within the bounds of the practitioners' scope of practice. The practitioner will explain the proposed treatment plan to you, and your consent to the plan will be sought in the form of a verbal agreement, and the implied consent provided when participating in the treatment process (disrobing, lying on the table, etc). Instructions about the assessment and treatment procedure, the areas of the body to be treated, the disrobing and draping procedures*, and set-up and positioning options will all be discussed with you prior to the commencement of the treatment to ensure your clear understanding of the processes and procedures, and to offer you the opportunity to ask questions or request changes. You can alter treatment plans, request adaptations to the treatment, positioning, and pressure*, or choose to withdraw your consent for treatment at any time. Signing this Health History Form, or the Terms and Conditions Agreement, does not remove your right to withdraw from any option the practitioner may offer now or in the future.*

Once the treatment is complete, you will have the opportunity to discuss the session, ask questions, and request further adaptations to future treatments. The practitioner may recommend stretches or exercises to assist with integration, recovery, and supporting yourself between sessions. All aftercare advice and recommendations are important factors in determining the likely success of your care, and like all healthcare modalities, results are not guaranteed, and responses to and results from treatment vary from client to client.

Consent for Treatment

Please read and sign the following, acknowledging that all information you have provided is true and, to the best of your knowledge, accurate and up to date, and that you understand the treatment processes and procedures and give your consent for treatment to be conducted.

I consent to the treatment being carried out by Chloe Thomas, understanding that she is a qualified and insured Remedial Massage Therapist, Reflexologist, Reiki Practitioner, Ka Huna Bodyworker, and Yoga & Meditation Teacher, possessing all the required qualifications and documentation, which can be produced or discussed upon request.

I intend for this consent to cover the entire course of treatment for my present condition, as well as any conditions for which I seek therapeutic intervention in the future, and I verify that all health and personal information I have provided is honest and, to the best of my knowledge, accurate and up to date.

Client Name: _____ Signature: _____ Date: _____

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