



• 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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Terms and Conditions Agreement

Welcome to *Sacred Hearth!*

Please read and sign the following, acknowledging that you understand and accept the terms and conditions of your treatment and our provision of services.

I understand and accept that:

- *I must NEVER attempt to solicit sexual services from the practitioner! ALL inappropriate, disrespectful, offensive, or threatening behaviour, will result in my IMMEDIATE expulsion from the premises, the cancellation of any pre-booked appointments, a lifetime ban from attending all Sacred Hearth appointments, classes, events and workshops, and the potential filing of a police report.*
- *I am not welcome to visit the Sacred Hearth business location without an appointment or prior approval! The studio location is a home before it is a business, and it is important for me to observe and respect this personal boundary. I will ALWAYS ensure that I have a scheduled appointment before attending the premises and will not arrive earlier than my scheduled appointment unless I have sought and received, either by phone or email, prior permission. If I seek permission and do not receive a response, then I will assume that I do not have permission and will arrive at my original scheduled appointment time. If I do not have an appointment, then I do not have permission to be on the premises and I will be asked to leave. If I attend the premises without permission and my behaviour is in any way inappropriate, disrespectful, offensive, or threatening, then the police will be contacted without hesitation.*
- *Sacred Hearth and its practitioners have the right to refuse service to anyone for any reason providing that refusal does not violate anti-discrimination laws.*
- *I am responsible for my own appointments. All text and email confirmations and reminders are a courtesy. At least 24 hours' notice is required when cancelling or rescheduling an appointment. If I cancel within 24 hours of my appointment, I am financially obligated to pay 50% of the total service fee. If I cancel within 12 hours of my appointment, or I miss it entirely without notice, I am financially obligated to pay 100% of the total service fee. Late arrivals will incur the full appointment fee, regardless of treatment length upon arrival. All outstanding fees must be paid before any further treatment will be provided.*
- *I am financially obligated to pay the set service fee prior to the commencement of my treatment. The practitioner is under no obligation to offer refunds or discounts if I feel I am entitled or unsatisfied.*
- *Sacred Hearth is a Natural Complimentary Therapy practice, not a Medical Clinic, therefore the practitioner does not diagnose illness, disease, or other physical, mental, or psychological disorders. As such, the practitioner neither prescribes medical nor pharmaceutical treatment, or any form of supplement. However, they may prescribe stretches and or exercises to assist with the care and treatment of joint and muscular dysfunction.*
- *Sacred Hearth is legally required to collect and store both contact information and detailed health histories for ALL clients attending 1:1 appointments. I am required to inform the practitioner of all medical conditions that I may be suffering from, including (but not limited to) injuries, physical/mental illness, recent surgeries or medical treatments, and medications being taken, and I am required to keep this information up to date by informing the practitioner of any changes to the information I provided as of my last visit.*
- *Hygiene and infection control procedures are in place to protect me, the practitioner, and others who may attend the studio, however, the practitioner cannot be expected to anticipate or guard against all potential*

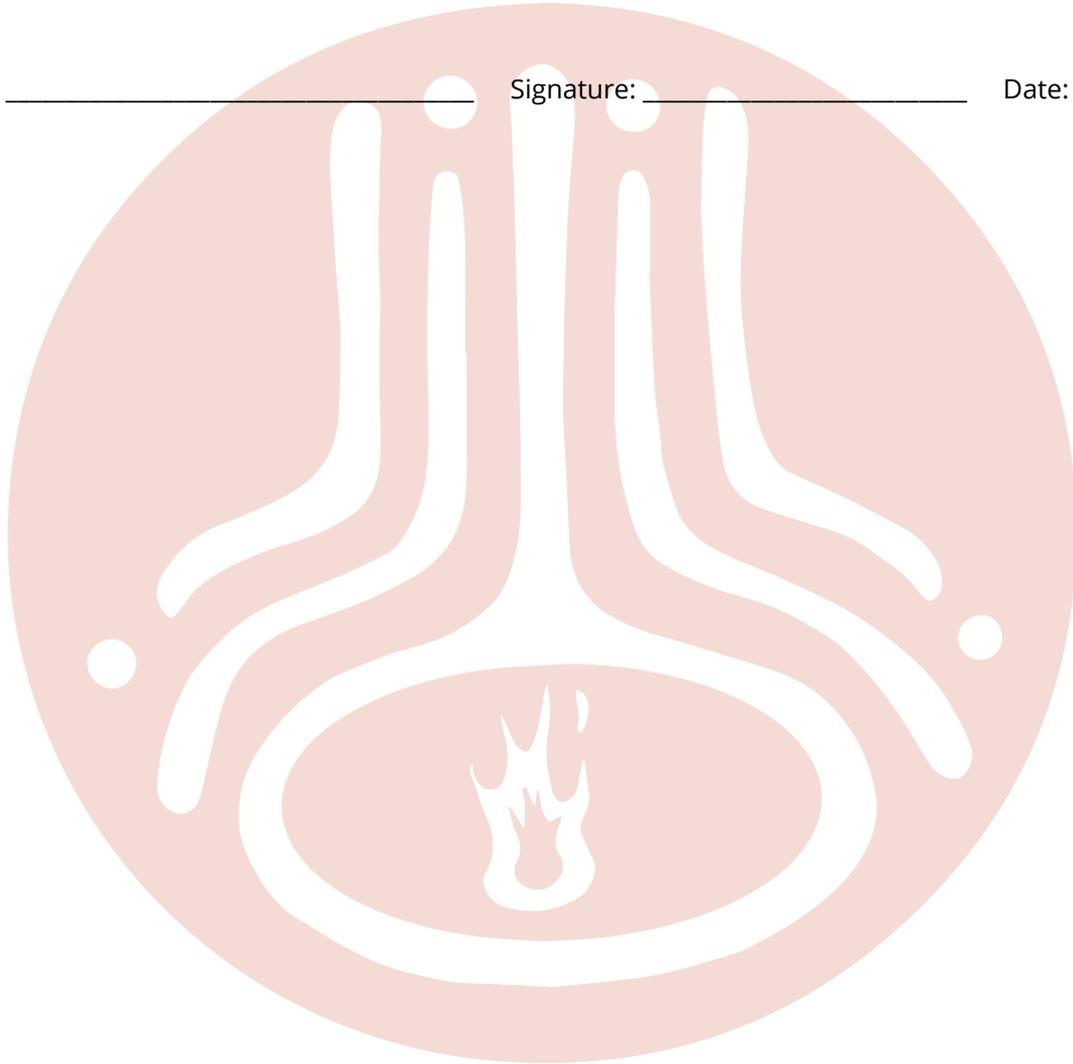
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risks associated with therapeutic intervention. By providing accurate information regarding my own health, I assist the studio in reducing potential risks.

- I accept responsibility for my own health and wellbeing. Sacred Hearth's wellness therapies are not a substitute for personal responsibility. They do not cure illness, disease, or dysfunction, nor do they claim to. If I am seeking therapeutic intervention as a means of absolving myself of personal responsibility, I may be asked to seek alternative healthcare services.

I verify that I have read, understood, and accepted all the Terms and Conditions of my treatment, and the provision of services.

Client Name: _____ Signature: _____ Date: _____



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