



Name:

Date:

Address:

Date of Birth:

Suburb:

Post Code:

State

Telephone:    Work  
                    Mobile

Home:  
Other:

Email:

Would you like to receive any upcoming specials via email    Yes    No

How did you hear about us?

Google    True Local    Yellow Pages    Referred    Walk past    Email

Referrer's Name

Occupation:

Sports/Physical Activities:

Private Health Fund (massage):

- Are you on any medication?    Yes ☐    No ☐  
Details: \_\_\_\_\_
- Do you have any medical conditions?    Yes ☐    No ☐  
Details: \_\_\_\_\_
- Are you or do you suspect you are pregnant?    Yes ☐    No ☐
- Have you had massage therapy before?    Yes ☐    No ☐
- Location of current pain or problem \_\_\_\_\_
- Do you prefer a lighter or deeper massage?    SOFT    MEDIUM    FIRM    DEEP TISSUE

I have completed this form to the best of my knowledge. I understand that massage services are designed to be a health aid and are in no way to take the place of a doctor's care, when it is indicated.

Signed: \_\_\_\_\_

OFFICE USE ONLY

Area	Yes / No	Staff Member:	Date:
Shortcuts			
Excel			
Outlook			