CANBERRA SOFT TISSUE THERAPY PTY LTD

6/189 Flemington Road
Mitchell ACT 2911
Tel: (02) 5100 7307
info@canberrasofttissuetherapy.com

CONFIDENTIAL CLIENT HISTORY

Name: .....

Address: .....

Email: .....

Mobile Phone: ..... DOB: .....

Occupation: .....

Recreational activities: .....

Emergency contact: .....

Referred by/how did you hear about us? .....

Please tick (✓) all conditions that apply now. Put a (p) for past conditions.

__ Heart, circulatory problems
__ High/low blood pressure
__ Varicose veins
__ Blood clots
__ Phlebitis
__ Infectious disease
__ Depression
__ Allergies
__ Diabetes
__ Pregnancy
__ Hernias
__ Abdominal /digestive problems
__ Arthritis/Anthrosis
__ Numbness or tingling
__ Muscle injuries
__ Bone injuries
__ Chronic pain
__ Fibromyalgia
__ Headaches/migraines
__ Acute injury
__ Osteoporosis
__ Fatigue
__ Dizziness
__ Seizures
__ Stroke
__ Asthma/lung conditions
__ Skin disorders
__ Night pain
__ Hepatitis
__ Cancer/tumours

Other medical conditions or injuries not listed:

Current medications (including Aspirin, Ibuprofen, herbs, vitamins etc): .....

.....

Recent surgeries: .....

Current symptoms: .....

Client signature: .....