



MYOTHERAPY

***CONFIDENTIAL**

Name: _____
 Address: _____ Suburb: _____
 DOB: _____ Phone: _____
 Any known blood conditions/disease: _____

How did you find us? (please circle)	Walking/Driving past	Yellow Pages	Google	Flyer	Website	Newsletter	Referral
	Who can we thank for referring you?						

WHAT IS THE REASON FOR YOUR VISIT?

List COMPLAINTS	When did this BEGIN?	SEVERITY? Mild=1 Severe=10	HOW did this begin?	Have you had this BEFORE?	What makes this complaint WORSE?	What other TREATMENT have you had for this?
1.						
2.						
3.						

At Wellbeing Chiropractic we are firmly committed to safety and efficacy in clinical practice. Massage therapy is a clinical skill and should **only** be performed by a suitably qualified professional (i.e. Accredited massage course or equivalent). We endeavour, through professional conferences, journals and continuing education, to maintain the highest standards of care. As part of a professional standard of care, we feel it is important to discuss **risk**.

In any clinical or medical procedure that deals with people there are inherent risks. Complications of soft tissue therapy when performed correctly and appropriately are low in comparison to any other form of treatment. Risks associated with soft tissue therapy may relate more specifically to your condition or aggravation to the spinal and muscular structures themselves such as the bones and ribs or the discs, ligaments or nerves.

If you have **any** queries or concerns please feel free to discuss these with us at any time. I have read and understood the above, and that I may choose to have no treatment or alternate treatment for my condition. I hereby consent to soft tissue therapy at Wellbeing Chiropractic. I understand that I may withdraw my consent at any stage. I have had the opportunity to discuss this consent form and proposed treatment with the massage therapist.

Signature..... Name: Date.....

Clinical Notes (office Use Only)