Welcome to Body & Brain Centre!

Name: _____ **DOB:** _____ **Age:** _____

Address: _____ **Suburb:** _____ **Postcode:** _____

Phone: _____ **Mobile:** _____ **Occupation:** _____

Email Address: _____ **Hobbies:** _____
Please Tick: ❒ I would like to receive newsletters with special offers, health tips and more.

Emergency Contact - Name: _____ **Phone:** _____ **R'ship:** _____

Children Names & Ages: _____

Could you be pregnant? ❒ No ❒ Trying ❒ Yes: ___ weeks **Are you breastfeeding?** ❒ Yes ❒ No

Who can we thank for referring you? _____ PS they will get a thank-you voucher

If online, what search words were used? _____

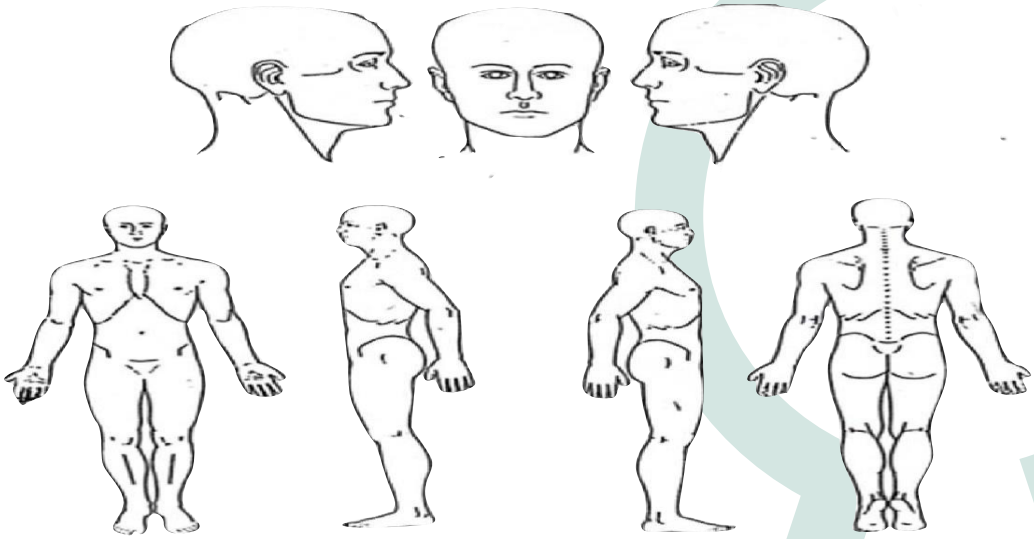
Please complete this form honestly and in its entirety. While you are not obliged to disclose information, failure to provide full health details requested below and during consultations may place you at unnecessary risk of serious complications, compromise the quality of the treatment provided and diminish the results achieved.

Why are you seeking treatment today? _____

For how long has this been occurring? _____

Please rate your <u>current</u> pain where 0 is no pain & 10 is the worst pain possible: _____ / 10

Please indicate any areas of pain, numbness, weakness or pins and needles



<u>Key</u>
X = sharp pain
Shaded = dull pain
P = past pain
H = hot / burning
N = numbness / weakness / pins & needles

Please list any medication (including supplements, contraception & recreational drugs) you are currently taking: _____

Time spent exercising: _____ per week **Nature of exercise:** _____

Physical	Brain	Emotional	Nutritional	Traditional
Chiropractic	Biofeedback	Counselling	Dietetics/Nutrition	Acupuncture
Myotherapy	Neuro-Rehab	Meditation	Naturopathy	Chinese Medicine
Remedial Massage	Brain Scans			

Have you ever smoked? ❒ Current ❒ Past ❒ Never **How long?** ____ **How many daily?**_____

Do you consume alcohol? ❒ Yes ❒ No **If so, how many standard drinks per week?** _____

Tick if you have experienced any of the following:	**Please describe:**
❒ Illness within the past 3 weeks ❒ Serious infectious disease (meningitis, TB, hepatitis) ❒ Allergies or sensitivities ❒ Serious injury, car accident, fall or fracture ❒ Chronic skin conditions ❒ Tendency to bruise or bleed easily ❒ Vision, hearing or speech impairment ❒ Joint surgery, replacement or prosthesis ❒ Varicose veins, blood clots or deep vein thrombosis ❒ High or low blood pressure ❒ Heart disease, angina, heart attack, stroke or TIA ❒ Diabetes (type I or II) ❒ Joint conditions such as arthritis ❒ Bone conditions such as osteoporosis ❒ Spinal conditions or disc injury ❒ Do you where orthotics or heel lifts? ❒ Headaches, migraines or cluster headaches ❒ Unsteadiness, vertigo, loss of balance or falls ❒ Anxiety, depression, stress or sleep disorder ❒ Hormone related problems or painful menstruation ❒ Cancer or suspected cancer ❒ Hospitalisation within past 5 years ❒ Any activities suggested or restricted by your doctor or any other health care professional?	

Thank you for taking the time to fill out this form, please note any additional information, questions or concerns that you may have below.

Informed Consent to Remedial Massage & Myotherapy Examination & Treatment

1. Physical Examination: The examination, prior to any treatment, may exacerbate conditions. Please advise your practitioner if you are experiencing any discomfort. This may also assist in diagnosing your condition.

2. Low force joint mobilisation: No known adverse effect.

3. Massage and soft tissue techniques: Skin irritation, bruising / redness, discomfort, aching, fatigue.

4. Rehabilitation or home exercises: Overdoing or using incorrect technique may result in an exacerbation of your symptoms. Always ask if unsure of any home advice.

5. Taping: Skin irritation, minor discomfort or infrequently, an allergic reaction.

6. Electrical Stimulation: Mostly commonly, an itch or slight sting or muscle contraction is felt. Infrequently, burns from improper settings or allergic reaction to electrodes are possible.

7. Cupping: Firm cupping may result in bruising however more common are the distinctive purplish markings that regularly occur and are frequently desired. These marks can take anywhere from days to weeks to disappear so please let your therapist know if you are uncomfortable with a visible mark on your body. Please also inform your therapist if you are overly prone to bruising.

8. Dry Needling: As this involves the insertion of a filament needle into the body there are some inherent associated risks including: bruising (1 in 13), bleeding (1 in 22), headache (1 in 714), nausea (1 in 769) and pneumothorax (collapsed lung – 1 in 1.27 million). Any invasive procedure also carries a risk of infection. Our therapists use gloves and alcohol swabs but please inform them if you are sick, immunocompromised, prone to bruising or bleeding or carrying any infectious disease.

9. Research studies and presentations are performed from time to time within BBC. This assists us deliver the best quality care and to educate fellow practitioners. All information which identifies you will be remove. Your involvement will not affect your management plan. Participation is voluntary and consent may be revoked at any time. There are no additional risks associated with being involved in BBC collecting your de-identified clinical information.

10. Medical Communication: We may need to share details of your treatment with other qualified health care professionals where appropriate to ensure your safety as a patient and to provide you with improved treatment outcomes. This most frequently occurs when seeking treatment from multiple practitioners within the clinic. We may also be required by law to provide details of your treatment to private health insurance companies or regulatory health bodies (such as in the case of an audit or to provide evidence that a treatment took place on a certain date).

Other treatment options are available such as medication, surgeries and physical therapies. Remedial Massage & Myotherapy can be used as a stand-alone therapy or in conjunction with your other therapies.

The risk of remaining untreated or delaying treatment can complicate your condition and make future treatment programs more complex, timely and expensive.

PLEASE DO NOT SIGN UNTIL YOU HAVE SPOKEN TO YOUR THERAPIST.

I have read the above and acknowledge I am aware of and understand the potential risks. I do not expect the Acupuncturist / Traditional Chinese Medicine Doctor to be able to anticipate or explain all the risks and complications. I wish to rely on her/his judgement during the course of the procedures which she/he feels, at the time, based upon the facts known, is in my best interests.

I have had the opportunity to discuss with the Oriental Doctor & ask questions about the nature and purpose of the examination and treatment and all of my concerns. I understand that results are not guaranteed.

Please Tick

- ☐ The information provided is accurate and fully inclusive to the best of my knowledge. I understand the advice and treatment plan is made on the information that I provide. I will update my practitioner on any medical conditions or health concerns as they arise.
- ☐ I hereby request and consent to Remedial Massage / Myotherapy examination and management. I understand that I can withdraw my consent at any time.
- ☐ I consent to information being sent to third parties when I have authorised it (eg: private health insurance).
- ☐ I hereby consent for my de-identified information to be used in research and presentations at Body and Brain Clinic.
- ☐ I understand I must provide 24 hours notice if I'm unable to attend my scheduled appointment to avoid paying a 50% late fee. If I fail to attend an appointment without notice, I understand I'm liable for 100% of the consultation fees. I also understand that fees are payable on the day of consultation.

SIGNATURE_____ DATE_____

PRINT NAME_____ (Parent/Guardian if under 18 years)

THERAPIST'S SIGNATURE_____ Own behalf of any current or future Remedial Massage / Myotherapists of BBC

Physical	Brain	Emotional	Nutritional	Traditional
Chiropractic	Biofeedback	Counselling	Dietetics/Nutrition	Acupuncture
Myotherapy	Neuro-Rehab	Meditation	Naturopathy	Chinese Medicine
Remedial Massage	Brain Scans			