CLIENT INFORMATION & MEDICAL HISTORY

Name: ________________________________ **DOB:** ___________ **GP / Practice:** __________________

Emergency Contact (name & number): ____

How did you first hear about Mint Wellbeing? ____

Account payment (Please circle): Myself | EPC | DVA | MVA | WCC : ____________________

Information about your lifestyle helps us tailor our treatment and advice to meet your goals & the requirements of your daily life:

Occupation: _________________________________ **Hrs/wk:** ______

Please circle primary activities: Sitting / Standing / Lifting / Bending / Repetitive movements

Current exercise: ____

Past Medical History:

- ☐ Cardiovascular (Heart)
- ☐ Kidney problems
- ☐ Rheumatic conditions
- ☐ Epilepsy / seizures
- ☐ Asthma / lung / breathing
- ☐ Diabetes (TI/TII)
- ☐ Thyroid
- ☐ Cancer / tumours
- ☐ Pregnant
- ☐ Abdominal / Digestive
- ☐ Skin conditions
  eg rash, eczema, psoriasis
- ☐ Infectious disease
- ☐ Allergies
- ☐ Fatigue
- ☐ Arthritis
- ☐ Depression
- ☐ Motor Vehicle Accident / trauma
- ☐ Fibromyalgia
- ☐ Numbness / tingling
- ☐ Muscle/joint injury & pain
- ☐ Chronic pain
- ☐ Headaches / migraines
- ☐ Neck or spinal injury
- ☐ Dizziness, balance, vertigo
- ☐ Surgery (please list)

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Any other health history? ____

Medications: (incl supplements) ____

Reason for today's treatment: ____

PLEASE READ THE FOLLOWING AND INDICATE THAT YOU UNDERSTAND THESE WARNINGS WITH YOUR SIGNATURE BELOW:

- ***Heat Treatment:*** *When receiving heat treatment, all you should feel is mild comfortable warmth. If you feel any more than this, or if the heat concentrates in any particular spot, you must call your therapist immediately, otherwise you may be in danger of being burned.*
- ***Electrical Stimulation****: When receiving electrical stimulation, any concentration of the current, or discomfort or pain must be reported immediately to your physiotherapist. Otherwise you may be in danger of sustaining an abnormal skin reaction. This may result in skin and tissue damage.*
- ***Remedial Massage Therapy only:*** *I fully acknowledge that massage professionals do not diagnose illness or disease, perform any type of spinal manipulation or prescribe medication, and that nothing said throughout this session should be construed as such.*
- ***Physiotherapy & Remedial Massage:*** *Treatment may be associated with small risks including pain, bruising, infection, burn (thermal treatment only), relaxed / sleepiness, allergy, fainting, aggravation of your condition. The best way to reduce these risks is to answer all the health questions fully and honestly. I acknowledge that I have the right to & will ask for further information about these risks and the treatment.*

PHYSIOTHERAPY & MASSAGE THERAPY CONSENT:

- I confirm that all information given is true and accurate,
- I understand that I have the right to refuse treatment and that the treatment may be stopped at any time by either myself or the therapist.
- I acknowledge that to provide appropriate health care and advice it is necessary to answer questions concerning my past and present health status, and I consent for these details to be recorded on my client file notes, and communicated to other health professionals directly involved in my health care.
- I consent for my medical information to be used in an anonymous manner for research purposes and/or to generate practice statistics and the development of improved practice policy and service to benefit clients of Mint WellBeing.
- I understand that providing my email address enlists me to receive the Mint Wellbeing online newsletter, that I may opt out of receiving at any time.
- I understand I may receive Appointment reminders via SMS and/or by phone.
- I consent to be charged for professional services and acknowledge that it is my responsibility to pay my account at the time of consultation.
- I acknowledge that if I do not pay my account I may be charged an administration and debt collection fee.
- **I understand that if I do not attend my appointment, or give 24 hrs notice of cancellation, I will be charged the total cost of the appointment.**

Signature: ______________________________ Date: ___________________