Healthplus Acupuncture and Remedial Massage

New Client Intake Form (Massage & Acupuncture)

Personal Information

First Name _____ Last Name _____ DOB _____

Contact Number _____Email _____ Occupation _____

Address _____ Post Code _____

Private Health Fund (if yes, which one) _____ Promotional Emails & Message ☐yes ■no

Medical Information

Are you taking any medications? ☐yes ■no

If yes, please list name and use: _____

_____

_____

Are you currently pregnant? ☐yes ■no

If yes, how many weeks? _____

Any high risk factors? _____

Do you suffer from chronic pain? ☐yes ■no

If yes, please explain: _____

What makes it better? _____

_____

What makes it worse? _____

_____

Please list any orthopedic injuries you have had in the past or currently have.

_____

_____

Please indicate any condition you have had in the past or currently have.

☐Cancer	☐Fibromyalgia
☐Headaches/Migraines	☐Stroke
☐Arthritis	☐Heart Attack
☐Diabetes	☐Kidney Dysfunction
☐Joint Replacement(s)	☐Blood Clots
☐High/Low Blood Pressure	☐Numbness
☐Neuropathy	☐Sprains or Strains

Explain any conditions you have marked above:

_____

_____

Treatment Information

Have you had massage/acupuncture before?

■yes ☐no

What type of treatment are you seeking today?

☐ Massage (Relax/Remedial/Deep Tissue/Sports)

☐ Cupping ☐ Acupuncture /Dry Needling

If massage, what pressure do you prefer?

☐Light ☐Medium ☐Firm

If acupuncture, what type of treatment are you looking for?

☐ Internal medicine (digestive/mental/emotional)

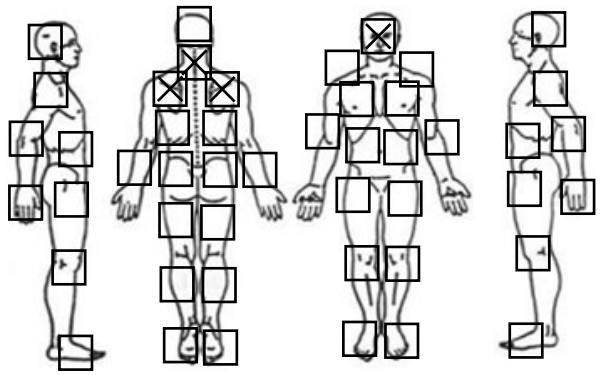
☐ Musculoskeletal (pain-related) ☐ Fertility

Are you suffering any pain currently? ☐yes ■no

If yes, how bad is it (0-10, 10 is the worst)? _____

How long have you had this pain for? _____

Please circle any areas of discomfort:



By signing below, you agree to the following.

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature: _____ Date: _____