



Alun Lewis L.C.S.P.(Assoc.) Pilates Foundation, I.P.T.A  
Remedial Massage Therapist  
Pilates Teacher  
Director of Efficient Body Ltd  
Company No 0553987

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## Client Intake Form

### Client Information

Full Name..... Date of Birth .....

Date.....

Occupation.....

Date of Injury.....

Address:.....

Tel No: .....

Email:.....

Emergency Contact Name:.....

Relationship to Emergency Contact.....

Emergency Contact No:.....

Name of GP:.....

GP Practice and address:.....

GP Tel No:.....

I do/don't give Alun Lewis permission to contact my doctor regarding my health relative to the therapy I am receiving from Alun Lewis.

Comments.....

Signature..... Date.....

Are you receiving any other form of treatment (eg., Osteopathy, Chiropractic, Physiotherapy, Nutritional Therapy etc.)?

I do/don't give Alun Lewis permission to contact any other therapist with which I am receiving treatment regarding my health relative to the therapy I am receiving from Alun Lewis.

Comments.....

Signature..... Date.....

Have you received Remedial Massage before?.....

How did you hear about me?.....

Health Information

(If you need to continue on another sheet of paper please do so)

Please list all conditions currently monitored by your doctor.....

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Please list the medication you took today (including pain killers and herbal remedies)

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Please list all other medications taken in the last three months.....

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Have you received any form of surgery or surgeries?.....

Please list and explain including dates and treatment received.....

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Please list any previous accidents that have caused you pain, inflammation, swelling, loss of function, neurological symptoms (numbness, pins and needles, burning etc..) as far back as you can remember.....

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Please tick any current and previous conditions:

General

**Headaches:** Current..... Past.....                      **Pain:** Current..... Past.....

**Sleep Disturbances:** Current..... Past.....    **Fatigue:** Current..... Past.....

**Infections:** Current..... Past.....                      **Fever:** Current..... Past.....

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**Sinus:** Current..... Past.....

**Other:** Current..... Past.....

Comments:

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Skin Conditions

**Rashes:** Current..... Past.....

**Athlete's Foot/Warts:** Current..... Past.....

**Other:** Current..... Past.....

Comments:

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Allergies

**Scents, oils, lotions:** Current..... Past.....

**Detergents:** Current..... Past.....

**Other:** Current..... Past.....

Comments:

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Muscles and Joints

**Rheumatoid Arthritis..... Osteoarthritis..... Osteoporosis..... Scoliosis.....**

**Broken Bones:** Current..... Past.....

**Spinal Problems:** Current..... Past.....

**Disc problems:** Current..... Past.....

**Lupus.....**

**TMJ, Jaw Pain:** Current..... Past.....

**Spasms, Cramps:** Current..... Past.....

**Sprain, Strains:** Current..... Past.....

**Tendonitis:** Current..... Past.....

**Bursitis:** Current..... Past.....

**Painful/stiff joints** Current..... Past.....

**Weak/sore Muscles:** Current..... Past.....

**Neck Pain:** Current..... Past.....

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**Shoulder Pain:** Current..... Past.....      **Arm Pain:** Current..... Past.....

**Low Back Pain:** Current..... Past.....      **Hip Pain:** Current..... Past.....

**Leg Pain:** Current..... Past.....      **Other:** Current..... Past.....

Comments:

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Nervous System

**Head Injuries/Concussion:** Current..... Past.....      **Dizziness:** Current..... Past.....

**Ringing in the ears:** Current..... Past.....      **Loss of memory:** Current..... Past.....

**Confusion:** Current..... Past.....      **Numbness/Tingling:** Current..... Past.....

**Sciatica/Shooting Pain:** Current..... Past.....      **Chronic Pain:** Current..... Past.....

**Depression:** Current..... Past.....      **Other:** Current..... Past.....

Comments:

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Respiratory, Cardiovascular

**Heart Disease:** Current..... Past.....      **Blood Clots:** Current..... Past.....

**Stroke:** Current..... Past.....      **Lymphedema:** Current..... Past.....

**High Blood Pressure:** Current..... Past.....      **Low Blood Pressure:** Current..... Past.....

**Irregular Heart Beat:** Current..... Past.....      **Poor Circulation:** Current..... Past.....

**Swollen Ankles:** Current..... Past.....      **Varicose Veins:** Current..... Past.....

**Chest Pain:** Current..... Past.....      **Shortness of Breath:** Current..... Past.....

**Asthma:** Current..... Past.....

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Comments:

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Digestive/Elimination System

**Bowel Dysfunction:** Current..... Past.....

**Gas/Bloating:** Current..... Past.....

**Bladder/Kidney  
Dysfuntion:** Current..... Past.....

**Abdominal Pain:** Current..... Past.....

**Other:** Current..... Past.....

Comments

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Endocrine System

**Thyroid Dysfunction:**.....

**Diabetes:**.....

Comments:

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Reproductive System

**Pregnancy:** Current..... Past.....

**Painful/Emotional Periods:** Current..... Past.....

**Fibrotic Cysts:** Current..... Past.....

**Other:** Current..... Past.....

Comments:

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Cancer/Tumours

**Benign:** Current..... Past.....

**Malignant:** Current..... Past.....

Comments:

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Habits

**Tobacco:** Current..... Past.....

**Alcohol:** Current..... Past.....

**Drugs:** Current..... Past.....

**Coffee/Tea:** Current..... Past.....

**Carbonated Drinks:** Current..... Past.....

**Other:** Current..... Past.....

Comments:

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## Treatment Contract

### **Remedial Massage**

I understand that Remedial Massage is a manual method of treating pain and dysfunction caused by changes in the soft tissues of the musculoskeletal system and it takes into account the whole body influence and/or response to a local area of pain or dysfunction.

I understand that Remedial Massage Therapists do not diagnose medical, physical or mental dysfunction.

They do not perform spinal manipulations of a thrusting nature but they do sometimes push on bones in order to therapeutically influence the surrounding soft tissues.

I acknowledge that Remedial Massage is not a substitute for medical examinations or treatment and is complementary to these services.

I understand that soreness or increased inflammation and pain can be experienced for up to a few days following Remedial Massage treatment and that this is usually part of the natural healing response stimulated by the treatment. However, if this is excessive I will let Alun Lewis know so he can modify the treatment accordingly or discontinue treatment.

### **Respecting Modesty**

I acknowledge that Remedial Massage Therapists usually contact the skin in order to apply treatment and that it would be ideal for me to remove certain items of clothing to make this possible and that effective draping procedures will be used. However, if I'm not comfortable with this I am willing for Alun Lewis to work through a thin layer of clothing instead.

I understand that Remedial Massage Therapists often have to work on the chest, groin and buttock regions and that Alun Lewis will always ask for my consent before treating these areas and if I am not comfortable with being touched in these or other places I will let him know.

### **Working Together With My Therapist**

I understand that I am working together with Alun Lewis to try and resolve my problem and, as such, I will comply with any advice given and exercises he'd like me to perform between treatment sessions.

### **Cessation of Treatment**

I acknowledge that Alun Lewis reserves the right to discontinue the treatment sessions at any time.  
I acknowledge that I reserve the right to discontinue the receiving treatment at any time.

## Consent for Treatment

It is my choice to receive Remedial Massage and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform Alun Lewis of any changes in my health.

Signature..... Date.....

Signature of Parent or Guardian..... Date.....  
(If client is a minor)

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