

Name: _____

Address: _____

Post Code: _____

Home Tel: _____ Work Tel: _____ Mobile No: _____

E-mail: _____ Occupation: _____ Date of Birth: _____

GP: _____

Weight _____ Height _____ BP _____

RHR _____ Contra Indications: Yes No

Present complaint: _____ notes - previous medical history _____

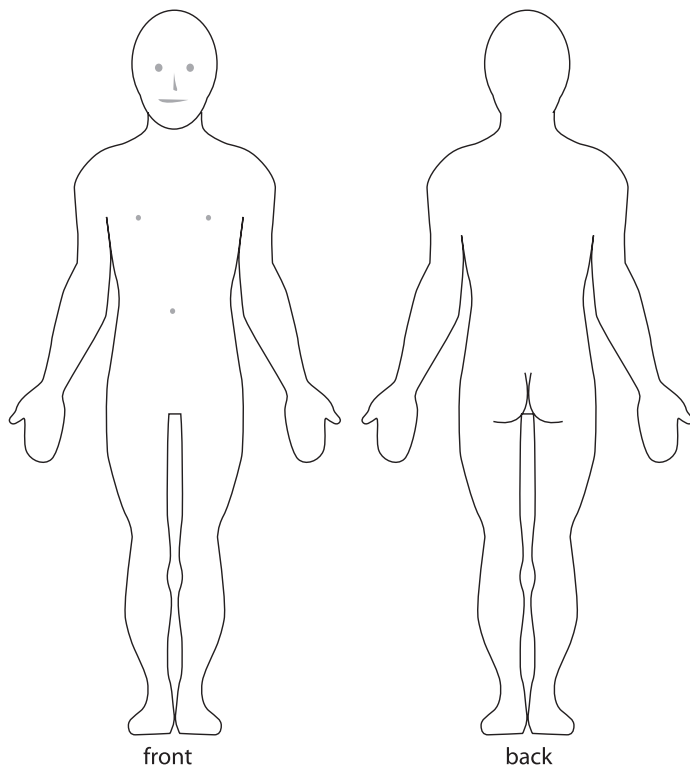
I agree that the information I have given is correct to the best of my knowledge and I realise that I undertake Sports Massage at my own risk.

Signed: _____

Print name: _____

Date: _____

Notes - Physical Assessment



- Tender
- Sore
- Painful
- Stiff Segment
- Thickened (deep)
- Spasm
- Hyper - mobile
- Prominent