



Level 3 Diploma in Massage Therapy for Sports LOG BOOK



Student Guidance:

1. On completing a practice treatment ALL consenting clients MUST Complete the following and sign:
 - a. HEALTH DECLARATION
 - b. TREATMENT FORM
 - c. INFORMED CONSENT
 - d. TREATMENT ADMINISTERED

Treatment Form

by

Student Sports Massage Therapist

(To be completed together with Health Questionnaire)

(Please print details)

Title: Mr. / Mrs. / Ms / Miss (Delete as appropriate) Date of Birth: ___ / ___ / ___

Surname: _____ Forename: _____

Address: _____

Postcode: _____

Telephone Day: _____ Evening: _____

Present Occupation: _____

Please state your sport or recreational interests: _____

Please state any previous experience of massage or injury care: _____

Disclaimer

My signature hereby acknowledges that _____, accept no liability for any loss, damage, or personal injury, howsoever caused, arising from or incidental to sports massage therapy that is administered (including the exacerbation of any pre-existing condition or injury.)

Signed: _____

Date: ___ / ___ / ___

HEALTH STATUS QUESTIONNAIRE

CONFIDENTIAL

Name: _____ Date of Birth: _____

Please take 3 minutes to answer the following questions.
Please complete them as accurately as you can.
Just place a "✓" to indicate "YES" or "Not Sure"

Have you ever had, or do you have ?

High blood pressure	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>
Disease of the heart/arteries	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Any blood clotting disorders	<input type="checkbox"/>	Allergies	<input type="checkbox"/>

Do you have any pain, injuries, or restricted range of motion in any of the following areas ?

Neck	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Back	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Fingers	<input type="checkbox"/>
Knees	<input type="checkbox"/>	Ankles	<input type="checkbox"/>	Toes	<input type="checkbox"/>
		Waist/Hips	<input type="checkbox"/>		

Have you recently had, undergone or suffered from ?

Colds/flu or other infection	<input type="checkbox"/>	Surgery	<input type="checkbox"/>		
Arthritis/Bursitis/Tendonitis	<input type="checkbox"/>	Hernia	<input type="checkbox"/>		
Swollen, stiff or painful joints	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>		
Skin abrasions or contusions	<input type="checkbox"/>	Eczema	<input type="checkbox"/>		
Abdominal pain/severe indigestion	<input type="checkbox"/>	Orthopaedic problems	<input type="checkbox"/>		
Recurrent injury to muscle	<input type="checkbox"/>	tendon	<input type="checkbox"/>	ligament	<input type="checkbox"/>

Any unusual muscular aches, pains, cramps, bruising, inflammation, numbness, swelling, tingling, weakness, scar tissue - please specify:

Any other serious illness/injury within the last five years? - Please specify:

Do you know of any other personal illness/injury that may be aggravated by massage?

Are you on any prescribed medication? - Please specify:

Have you received massage treatment previously? Y / N

To the best of my knowledge the above statements are correct.

Signed _____ Date _____

Informed Consent:

Please read and sign as indicated the following:

I.....of.....fully exonerate and indemnify
_____ from all and any liability arising from any injury or
other medical complaint suffered by me (whether physical and/or mental) consequent upon
therapy services provided by _____ in the event of failure on my
part to disclose a medical condition of which I am aware or should reasonably have been
aware at the time of completion by me of this questionnaire.

Client:

.....
(signature)

.....
(date)

Student Therapist:

.....
(signature)

.....
(date)

DATE OF TREATMENT:		Signature:		
Part of body Massaged: (Delete as appropriate)		Strokes performed: (Delete as appropriate)	What went well ?	What could you improve on?
Hamstrings	Lower Back	Effluerage		
Quadriceps	Upper back	Petrissage		
Gluts	Calves	Vibrations		
Neck	Feet	Cupping		
IT Band	Hip Flexors	Hacking		
		Frictions		
		Myofasical Release		

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Abdominal pain/severe indigestion	<input type="checkbox"/>	Orthopaedic problems	<input type="checkbox"/>
Recurrent injury to	muscle <input type="checkbox"/>	tendon <input type="checkbox"/>	ligament <input type="checkbox"/>

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Do you know of any other personal illness/injury that may be aggravated by massage?

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www.bodyaidsolutions.co.uk

E: Info@body-aid.co.uk

T: 0845 340 0167