



Pre-massage questionnaire and agreement form below for Lynne Scott (BTG)

In preparation for your advanced sports or remedial massage, please tell us about ALL your existing medical and physical conditions and who to contact in an emergency. It is your responsibility to complete this form before participating in any massage. For any conditions that could be affected by Lynne Scott's massage, you may be asked to consult your doctor and obtain a written medical clearance before your massage. Please give this clearance to your Lynne Scott. This information contained will be treated as confidential and will only revealed to your relevant persons - such as health professionals for your safety.

Please note that it is your responsibility to inform us of any changes in your medical or physical condition. This is at all times - during or before any of your massages with Lynne Scott.

PERSONAL DETAILS

Name: Age: DOB:/...../..... M / F
 Address:
 Phone Home: Mobile: Email:.....
 Emergency Contact Person 1:..... Phone:.....
 Emergency Contact Person 2:..... Phone:.....

<p>1. Do you have, or have you had</p> <ul style="list-style-type: none"> <input type="checkbox"/> High blood pressure <input type="checkbox"/> Do you smoke <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Stroke <input type="checkbox"/> Chest pain <input type="checkbox"/> Pain/tightness in chest <input type="checkbox"/> Chronic cough <input type="checkbox"/> Gout <input type="checkbox"/> Dizziness <input type="checkbox"/> High cholesterol <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Lower back pain <input type="checkbox"/> Stomach/ulcer <input type="checkbox"/> Liver/kidney condition <input type="checkbox"/> Hernia <input type="checkbox"/> Cramps <input type="checkbox"/> Muscular pain <input type="checkbox"/> Arthritis/joint pain <input type="checkbox"/> Stress/anxiety <input type="checkbox"/> Circulation problems <input type="checkbox"/> Depression <input type="checkbox"/> Dementia <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Problems with pelvic floor <input type="checkbox"/> Neuropsychology <input type="checkbox"/> Cancer <input type="checkbox"/> Any stomach operations <input type="checkbox"/> Fusions feet or spine <input type="checkbox"/> One or two kidneys 	<ul style="list-style-type: none"> <input type="checkbox"/> Plates: Please describe where? <input type="checkbox"/> Heart disease (please specify): <input type="checkbox"/> Any other conditions? Please describe <input type="checkbox"/> No or none of the above.
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2. How long since your last medical checkup?

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3. Are you taking any prescribed medication?

YES/NO. If, yes please list

.....

4. Has any of your immediate family suffered Heart Disease? YES/NO. If, yes which relative and what age?

.....

5. Do you have, or had, any joint problems, pains or injuries in any of the following regions?

- Ankles/feet
- Shoulders
- Muscular Pain
- Knees
- Neck
- Hip/pelvis
- Elbows
- Lower Back
- Wrist
- Other? Please describe below

.....

6. Are you currently taking any medication/s? Please describe.

.....

7. Are you, or have you recently been pregnant? YES/NO

Please state when your last pregnancy was

.....

8. Do you smoke? How many per day or week?

.....

9. Goals and objectives: What do you want to achieve from your massage?

.....

10. Have you visited a Physiotherapist, Chiropractor, Osteopath if so when?

.....

11. Are you currently having other massages?

YES/NO. If so, please state what type?

.....

How hard? Easy/light Moderate High

How many times per week?

.....

12. Have you had any adverse reactions to massage in the past? YES/NO. If so when?

.....
.....

13. What activities or exercises do you currently participate in? This will help Lynne Scott to understand why you would have pain points to reduce.

.....
.....

14. Do you consider your diet to be? (Diet can affect inflammation in the body – Lynne Scott takes your safety and pain points seriously and needs to massage accordingly, so that you are not too sore).

- a. Good
- b. Adequate/appropriate
- c. Poor

15. How do you rate your stress level? This will help Lynne to understand possible muscle tension and to help you release this tension.

- a. High
- b. Moderate
- c. Low

16. Have you previously had massages? YES/NO.

If so, how long ago? Did the massage work for you or not, and what were the reasons?

.....
.....

I understand that I participate in massage which may expose me to certain risks, and that I do so at my own risk.

I will not hold Lynne Scott responsible, or any of Body Tonic Group staff, or agents liable for any injury, loss, damage, or death caused to me, or my property, whether by negligence omission and breach of contract, or in any way whatsoever.

I (Printed and full name), undertake to complete an advanced sports and/or remedial pre-massage questionnaire in the event of having a massage with Lynne Scott. I accept I will be having a massage with Lynne Scott.

Any change in my medical status during the massage with Lynne Scott, I understand that it is my responsibility to advise Lynne Scott. Should I feel ill, or if during the massage, any medical, physical condition, or changes that occur, or arise, I will advise Lynne Scott. I participate in and accept Lynne Scott's massage is at my own risk.

Signature _____

Parent/Guardian to sign if under 18 years of age)

Full name (please print) _____ Date _____

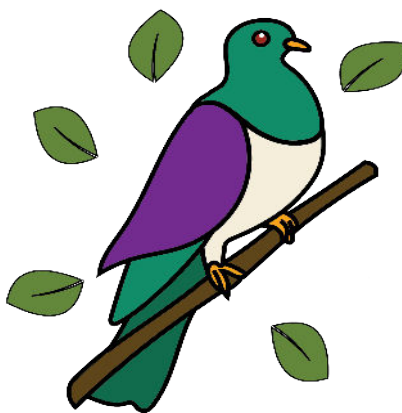
Full name of child (please print) _____ Date _____

Lynne Scott signature: _____

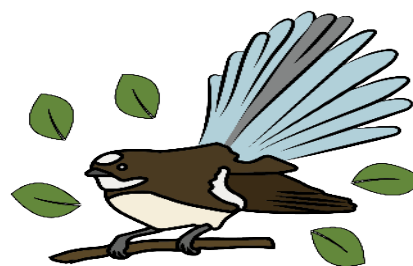
(Advanced Sports and/or Remedial Massage Date: _____)



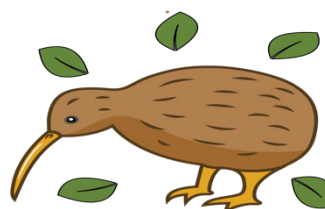
'UPRIGHT POSTURE'
PUKEKO



'MUSCLE FLEXING'
KERERŪ



'FULL SCALE STRECH'
FANTAIL



'STURDY LEG BALANCING'
KIWI BIRD

This is not a doctors screening, for advice from an appropriate medical professional, please see your family health doctor. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by The Body Tonic Group or Lynne Scott, for any loss, damage or injury that may arise from any person acting on any statement or information contained in this screening form or any other.

AIM:

To identify individuals with a known disease, signs, or symptoms of disease, who may be at a higher risk of an adverse event or reaction during advanced sports or remedial massage. This stage of the questionnaire is self-evaluated.

This questionnaire will also help Lynne Scott to understand any adverse reactions that may occur whilst having a massage and to help keep you safe.

	Please circle response	
1. Do you ever experience unexplained pains in your chest at rest or during massage?	Yes	No
2. Do you ever feel faint or have spells of dizziness during massage?	Yes	No
3. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
4. If you have diabetes (Type I or Type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
5. Do you have any diagnosed muscle, bone, or joint problems that could be made worse by participating in massage?	Yes	No
6. Important: Do you have any other medical condition(s) that may make it a more serious health concern for you, when you participate in massage?	Yes	No

IF YOU ANSWERED 'YES' to any of the questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking massage.

If you have had a massage in the past, please explain what happens?

Do you get excessively thirsty?

Do you get out of breath? Or lose your breath quickly?

Do you feel nauseous or have any other symptoms Lynne Scott needs to know about to ensure your safe remedial massage?

Please share below any other thoughts you feel may be important. This will help Lynne Scott to ensure your progress with your massage, one that is helping you to be more pain free, with less muscle tension and ensuring your health and safety.

Signature _____
Parent/Guardian to sign if under 18 years of age)

Full name (please print) _____ Date _____

Full name of child (please print) _____ Date _____

Name of Instructor _____

Signature of Instructor _____ Date _____

Please fill in the exercise intensity guidelines below.

This will help Lynne Scott to give you positive results when you have your advanced sports and/or remedial massage.

EXERCISE INTENSITY GUIDELINES

Please tick which box and level you think you are at with exercise. If you don't do exercise this is N/A. This will help guide Lynne towards your success with massage and your muscle pain reduction

INTENSITY CATEGORY	PLEASE TICK RATING	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
SEDENTARY	1-10 Rating 1: Good 10: Bad _____	Very, very light RPE# < 1	<ul style="list-style-type: none"> • Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement
LIGHT	1-10 Rating 1: Good 10: Bad _____	Very light to light RPE# 1-2	<ul style="list-style-type: none"> • An aerobic activity that does not cause a noticeable change in breathing rate • An intensity that can be sustained for at least 60 minutes
MODERATE	1-10 Rating 1: Good 10: Bad _____	Moderate to somewhat hard RPE# 3-4	<ul style="list-style-type: none"> • An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted • An intensity that may last between 30 and 60 minutes
VIGOROUS	1-10 Rating 1: Good 10: Bad _____	Hard RPE# 5-6	<ul style="list-style-type: none"> • An aerobic activity in which a conversation generally cannot be maintained uninterrupted • An intensity that may last up to about 30 minutes
HIGH		Veryhard RPE# ≥ 7	<ul style="list-style-type: none"> • An intensity that generally cannot be sustained for longer than about 10 minutes

Should you have allergies, below are a few of Lynne's tips for bringing your own oils:

Benefits of Massage Balm/Wax ingredients include:

Easy application; supports anti-friction of body hair.

Improves skin's texture; replaces moisture back into the skin.

Nourishes the skin; can help to reduce eczema.

Vitamin E keeps the skin moist.

Arnica aids recovery from bruising, inflammation, muscle strain or fatigue and has no allergic reactions.

Contains: Beeswax, Grapeseed Oil, Coconut Oil, Arnica, Vitamin E.

Benefits of Liniment Oil Active Rub ingredients include:

(This oil can only be used by Lynne for a 20 minute pain trigger point massage of a specific region)

Releases muscle aches, pains and strains of muscles and tendons, it is deeply penetrating. Eases muscle tightness and spasms.

Suited to during and after sport and exercise or as part of a warm-up routine (used for warming up larger muscle groups such as calves, hamstrings and quadriceps).

****Supports less inflammation for arthritis and rheumatism.

Contains: Camphor. Clove. Peppermint. Eucalyptus. Sweet Almond Oil.

Benefits of Hemp Seed Oil ingredients include:

Supports healthy skin. It is rejuvenating, moisturisers and nourishes. Helps to prevent dry skin and is anti-inflammatory helping to reduce aches and pains.

Speeds up wound recovery, heals skin and is also known to help prevent hair loss.

Contains: Linoleic & Linolenic Acid (essential fatty acid). Omega 3 & 6.

Benefits of Almond Oil ingredients include:

Calms skin irritations.

Helps to reduce scarring

Nourishes and rejuvenates the skin. Moisturisers and it is absorbed easily.

Reduces inflammation and itchiness of skin

Contains: Vitamins A, B1, B2, B6 and

Massage Agreement Form

Welcome and thank you for joining Lynne Scott of The Body Tonic Group, your movement specialist and fitness trainer, who is certified in advanced sports & remedial massage.

Meaning of the 'Body Tonic':

To increase body tone, invigorate, enliven. Intended to improve and strengthen the functioning of the body, to increase the feeling of wellbeing, serving to stimulate mental, physical, and emotional vigor.

Lynne Scott of The Body Tonic Group will endeavor to help you reduce pain and inflammation, aid with the improvement of circulation, increasing blood flow. Lynne will also help to release back, shoulder, neck, or leg muscle tension and/or areas of the body as discussed and confirmed with Lynne at the time of your massage booking.

Through massage with Lynne Scott, you will be helped you to attain better daily living. Lynne hopes that you find your massage beneficial and that your intended goals will be attained.

Please always keep an open line of communication with Lynne Scott, to ensure your safety and progress, and so that your health and wellbeing is maintained.

Agreement and policies, payments, and banking details

This Agreement is made and entered into on the: _____
Date

by and between Lynne Scott and: _____ (Full Name)

_____ Emergency Contact

_____ Phone

- Massages are one hour, which include dressing and undressing before and after your massage, which should take no more than a few minutes. The cost is per half hour or hour and to be discussed with Lynne.
- Payment for a half hour or full hour massage is in advance. Should a booking be made telephonically, payment must reflect in The Body Tonic Group within a three-day period, or cancellation of your booking will occur.
- Payment is required in full and in advance of your massage booking or bookings. Payment is made online via bank transfer, with online payments reflecting in the BTG bank account before commencement of massage.
- Should you cancel your booking, refunds are not permitted. **(There are extenuating circumstances, which can be discussed with Lynne. Lynne will always endeavor to support you, should it be humanly possible and time and bookings permit, but under these circumstances considered, a new booking must be made within a two-week period only or full payment is due).**
- Should you book in for more than one massage, for example one a week or three in a month, or for 4 months in advance for example, payment must be made for each one in full at the time of booking.
- Payment can be made via bank transfer using our Westpac bank account (please remember the two days stand down period between banks).

Bank Transfer details are below:

Account Name: L.Scott (Westpac)
Account Number: 03-0123-0357-384-000
Reference: BTG with your initial & surname

A postural assessment and chart can be done by Lynne on your first appointment. This takes half an hour of time. Lynne can help you to address your concerns and to chart your progress going forward. This is charged out at an hourly rate, (consultation fee).

Payment for this is in advance and Lynne is to be given notice of three days, that you wish to progress forward with the assessment.

This is optional, you may feel it not necessary and wish to get straight into the massage, which is acceptable.

Please allow for five minutes extra time. Should you not wish for this postural chart assessment, please let Lynne know beforehand and we can get straight into our massage.

Please remember, to ensure your health and safety and for positive outcomes with your massage, before your appointment, please take a few minutes to fill in the medical screening form, joining form and contact details, ensuring they are received by Lynne at least three days prior to your massage.

(‘Client’) and Lynne Scott in consideration of the mutual understanding and exchanges herein, all good and valuable consideration, the parties agree as follows:

- 1) Towels and oils are brought to massage by the client, should the client have any allergies.
- 2) Payment is to reflect in the Body Tonic Group by the client prior to massage. Cost of massage is per half or full hour. Please discuss with Lynne. For any cancellations, please read as above.
- 3) For any cancellations, please read as above.
- 4) A client that attends massage weekly and has a set time and day, having a permanent massage time slot, no other person can take this time or place permanently. Payment will be in advance for the month.
- 5) A notice of non-attendance via text and email is imperative, should you be a permanent weekly attendee of massage, a fitness training member attending massage or any other casual, yet regular attendees of massage.
- 6) Should a permanent client of weekly massage wish to leave, a month’s written notice in writing is to be given.
- 7) Payment for a permanent massage time slot, is to be paid in full by the first of each month. notice. Cancellation on the day or a week prior to the booking, payment is due with no catch-up or in lieu of – please see above.
- 8) Etiquette of the studio and massage area must please be adhered to, so that members who train with us, the room remains oil residue free. This ensures everyone’s health and safety.
- 9) The medical form as given above, must in its entirety, be filled in and returned to Lynne Scott before commencement of massage. **Should you not wish to fill in a medical form, you accept to massage at your own risk and Lynne Scott and/or The Body Tonic Group is not liable for any of your liabilities during or after massage and is indemnified against all outcomes pertaining to the massage or suggested information imparted.**

Etiquette in the studio. Why be cognisant?

Members of The Body Tonic Group utilise the studio for assessments and exercise consultations, P.T. and small group exercise classes.

- Please keep the full room - the carpet/floor, all equipment, chairs, table’s, furniture, door handle, message bed, free from oil residue. Health and safety is paramount. The bed is changed, cleaned and new towels laid after each massage.
- If your hands are oily, please refrain from touching the furniture, chair or door handle. Lynne will guide you at all times. Please feel free to ask Lynne if you need assistance. Lynne will always, pass you your socks to place on your feet and allow you to wipe your hands, to ensure safety.
- Feet must be free from oily residue before standing on the floor after your massage. Should you have had your feet/legs massaged, please have your socks ready for Lynne to pass over to you and please put your socks on before standing up .
- Before your massage please refrain from eating garlic or strong spices as it comes through the pores of the skin, this can also make you feel nauseous or bloat and belch unexpectedly, which can cause stomach pains lying down.
- If you are feeling unwell or have the flu please let Lynne know and we can organise another suitable time for your massage, within the two week period as per above.

Should you have any further queries, please feel free to contact Lynne Scott.

Contact details for Lynne Scott – lscott@thebodytonicgroup.com