

Date _____

Personal Details

Name _____

Address Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Post Code _____

Date of Birth _____

Age _____

Sex _____

Tel No. _____

Mob No. _____

e-mail _____

Emergency Contact Name _____

Relationship _____

Contact Number _____

How did you hear about this service?

During sessions you will be exposed to a massage oil with the following ingredients:
Paraffinum Liquidum, Glycine Soja (Soyabean) Oil, Triticum Vulgare (Wheat) Germ Oil, Lavandula Angustifolia (Lavender) Oil, Linalool, Geraniol.

Are you allergic to any of these ingredients? (please circle)
Yes No

Medical History

Do you suffer from / are you suffering from any of the following? (please circle)

High Blood Pressure Deep Vein Thrombosis Low Blood Pressure

Lymphedema (swelling) Acute Hematoma (fresh bruising) Allergies

Varicose Veins Edema Heart Disease

Osteoporosis Cancer Broken Bones

Arthritis Fever

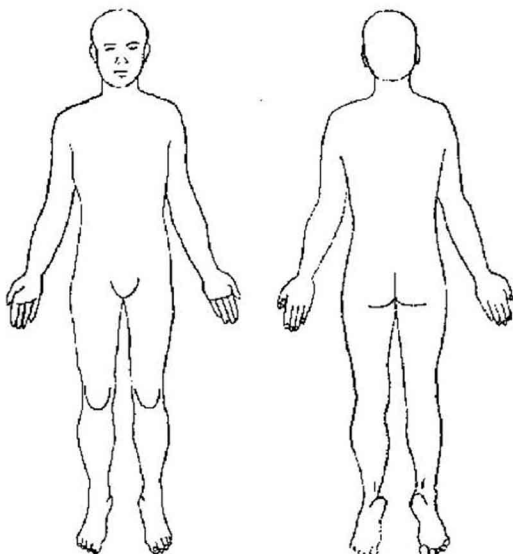
Phlebitis (inflammation of a vein) Acute Infectious Disease

Please indicate any other medical conditions (including any surgery), it may be relevant to the therapist.

Are you currently pregnant? (please circle) Yes No

Notes (therapist to complete)

On the diagrams below, indicate any areas in which you experience pain or about which you are concerned.



By signing below:

- you consent to the use of massage techniques
- you understand that the treatment may induce soreness
- you understand that massage services are designed to be a health aid and are in no way to take the place of a doctor's care when indicated. You are aware that the massage therapist does not diagnose disease nor prescribe medication. Information exchanged during any massage session is educational in nature and is intended to help you become more aware and conscious of your own health status and is to be used at your own discretion.
- you declare that, to the best of your knowledge, you have disclosed all of your past and current health conditions, and you will inform the therapist of any change in your health status between sessions.

Client Signature _____

Date _____