



Client Consultation Form

The following information is required for your safety and health. These details will be treated in the strictest of confidence. It may, however, be necessary for you to consult your GP before any treatment may be given.

Contact Details

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email (Optional): _____

Occupation: _____

Medical Details

Have you had surgery within the last 2 months?	Y	N
Do you currently have any contagious conditions?	Y	N
Do you suffer from any allergies?	Y	N

Are you on any prescribed medication?	Y	N
If yes, do you have your GP/Consultant's approval to receive this treatment?	Y	N

Do you or have you had any medical conditions?	Y	N
If yes, do you have your GP/Consultant's approval to receive this treatment?	Y	N

Then please circle below:

Heart Conditions, Hypertension (above 160/100), Diabetes, Epilepsy, Cancer, Thrombosis, Embolism, DVT, Multiple Sclerosis, Haemophilia, Systemic Oedema / Lymphangitis, Parkinson's Disease, Stroke, Atherosclerosis, Other

Do any areas need to be avoided, due to the discomfort it may cause you?	Y	N
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If yes, please circle below:

Acne, Dermatitis, Hives, Psoriasis, Moles, Burns, Ulcers, Open Wounds, Bruising, Varicose Veins, Fracture, Sprain, Bursitis, Muscular Haematoma, Other

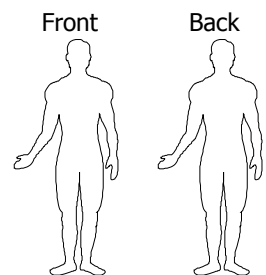
Are special precautions required for your massage?	Y	N
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If yes, please circle below:

HIV / Aids, Hypotension (less than 100/60), Weak skin, bones or muscles, Pregnancy, Other (If pregnant, please advise of current trimester & due date below)

If you answered Yes or Other to any questions above, please provide details:

Details: _____



I hereby confirm that the information stated above is answered to the best of my ability. I further fully understand that thorough and honest responses to these questions are essential to my safety. I undertake to inform my therapist should any answers to the above information change. In the event of any contra-action occurring as a result of withholding information, I accept full liability.

Signed: _____ Date: _____

Name (please use block letters): _____