

Private & Confidential Client Consultation Form - Massage

<i>Client Details</i>	
Client Name:	Telephone Number:
Address:	Mobile Number:
	Occupation:
Postcode:	Date of Birth:
Email:	Gender:

<i>Medical History</i>			
Do you or have you ever suffered from:			
Medical Oedema	yes/no	Ear infections/blockages/grommets	yes/no
Cardiovascular (heart or blood) issues	yes/no	Cochlea implant(s) (Hearing aid implants)	yes/no
Epilepsy	yes/no	Fever	yes/no
Recent operations/scar tissue	yes/no	Infectious condition	yes/no
Diabetes	yes/no	Eczema/dermatitis	yes/no
Cancer	yes/no	High temperature	yes/no
Haemophilia	yes/no	Toothache or Neuralgia	yes/no
Slipped disc, spinal or neck condition	yes/no	Diarrhoea or vomiting	yes/no
Undiagnosed Pain	yes/no	Under influence of drugs/alcohol	yes/no
Taking prescribed medication	yes/no	Eye infection	yes/no
Ongoing investigation/treatment	yes/no	Cysts/lumps	yes/no
Pressure problems	yes/no	Are you pregnant?	yes/no
Meniere's disease (ear and balance)	yes/no	Inflamed nerves	yes/no
Osteoporosis (brittle bone)	Yes/no	Contraceptive implants/Coil	yes/no
Allergies:		Phobias:	
What therapies have you experienced to date?			
GP Referral Required?		GP Name:	
Practice Name:		Telephone Number:	
Address:			

<i>General Health / Lifestyle</i>	
General Health:	
Energy Levels:	
Stress Levels:	
Sleeping Patterns:	Hours per day:

General Diet:		
Alcohol: units per week	Water: litres per day	Smoker: Yes/No per day
Hobbies, relaxation and exercise (type/frequency):		
Additional Comments:		
CLIENT STATEMENT & AGREEMENT		
<p>I acknowledge that all the information on this consultation sheet above my signature is accurate and correct to the best of my knowledge. I accept full and complete responsibility for my own emotional and/or physical well-being both during and after this therapy and/or training session. I agree to inform the therapist of any changes to my circumstances during any subsequent treatments. I realise that any advice given to me to carry out between sessions is important and I agree to make every effort to carry this out. I understand that no claim to cure has been made and realize that treatments should not replace conventional treatments.</p>		
Signed: (Client)		Date:

Private & Confidential Client Treatment Record

Date:	Treatment:
Comments: Have there been any changes to your circumstances, medication and general health since your last treatment?	
Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment.	
Signed (Client):	Date:

Date:	Treatment:
Comments: Have there been any changes to your circumstances, medication and general health since your last treatment?	
Client declaration: I declare that the information I have given is correct and to the best of my knowledge I can undertake treatments without any adverse effect. I have been fully informed about contra-indications and I am therefore willing to proceed with treatment.	
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