

Healing Touch - Client Consultation Form.

Name:

Date of birth

Phone No:

Type of Massage:

Emergency contact name and number:

GP Surgery:

Current medications you are taking:

Allergies:

I will be using Grape-seed oil is this okay:

Contraindication to massage.

(please tick any conditions you have or have had)

Diabetes

Depressed Immune

High blood pressure

Whiplash

Low blood pressure

Recent operations

Varicose veins

Slipped disc

Arthritis

Recent fractures

Heart conditions

Thrombosis

Osteoporosis

Pregnancy

Epilepsy

Acute pains

Cancer

Haemophilia

Stroke

Emphysema

It is your responsibility to consult with your GP before any massage treatment if you take prescribed medications and experience on-going health issues including those not mentioned above.

Disclaimer: I have not withheld any information about my health. I agree to keeping my therapist updated on any medical changes. I understand that a massage is not being offered as a substitute for medical examination and treatment. I understand that my body may experience some minor reactions after a treatment as it adjusts.

Please sign: