

CLIENT INFORMATION SHEET

This form is used to gather details about each client and to identify any specific problems which you may have. All information given in this form is confidential and will not be revealed to any third parties.

Basic information

Full name: _____

Address: _____

_____ Postcode: _____

Phone number: _____ Email address: _____

Date of Birth: _____

Dr's name and address: _____

Emergency contact details: _____

Medical information

Current medications taken (prescription OR over-the-counter):

Have you ever had, or do you currently suffer from any of the following (please tick)?:

Asthma [] Headaches/ migraines []

Diabetes [] Epilepsy []

Heart condition [] High/ low blood pressure []

Kidney problems [] Liver problems []

Recent surgery [] Recent injury []

Arthritis [] Spinal problems []

Varicose veins [] Blood clots/ DVTs []

Recent pregnancy [] Skin problems []

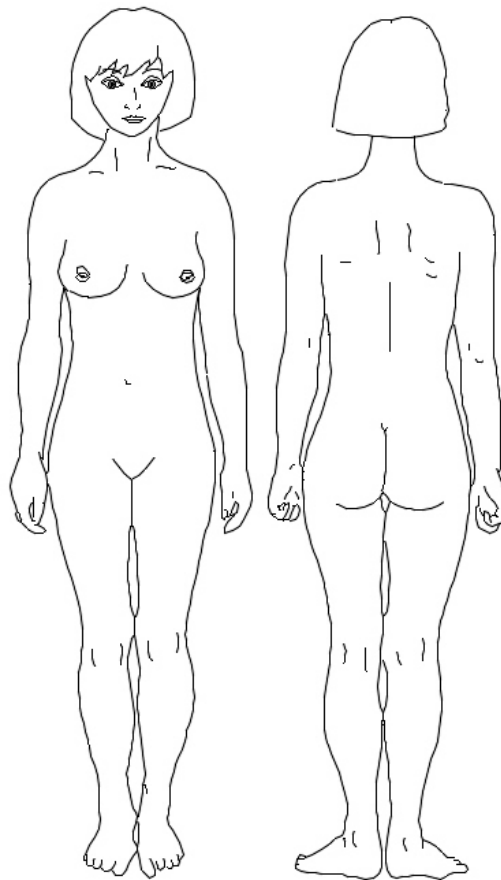
Do you have any allergies? Please give details below:

Is there any other information that may be important for your therapist to know?

Your needs

Please indicate on the diagram below what you feel are your areas of greatest need.

Key: P= painful area
T= tight area
X= ticklish area



Information about your massage/ therapy

- Please arrive 10 minutes before your therapy if it is your first time- this allows time to fill in paperwork and talk through the therapy with your therapist
- During your massage/ therapy, you will be asked to undress to the level which is both suitable for the therapy, and which you are comfortable with. You will be covered with drapes so that only the area being massaged is exposed.
- Many people prefer to have a bath/ shower before the appointment, and to tie up long hair.
- Please turn off your mobile phone during the massage/ therapy.
- All you need to do during the massage/ therapy is relax!
- If anything is uncomfortable or if you don't feel happy with something your therapist is doing, tell them straight away. Everyone is different!

Other information

Please understand that:

- Conservative draping will be used during the massage/ therapy to maintain your dignity throughout, however some massages on large muscle groups require the client to be fully undressed to get best results. This is however always optional.
- The massage is purely therapeutic, and no sexual contact will occur.
- If you are uncomfortable, you can request the therapist to stop at any time.
- You are responsible to update your therapist of any changes in your medical conditions over time.
- Your therapist cannot diagnose or treat medical problems and any therapy is designed to work alongside the care you receive from your doctor.

Please sign to acknowledge that you have read and understand this information and to confirm that all information given is correct to the best of your knowledge.

Signature of client: _____ Date: _____

Signature of therapist: _____ Date: _____