

Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client email: \_\_\_\_\_

Property Name & Area: \_\_\_\_\_ Therapist: \_\_\_\_\_

In order to receive the most benefit from your treatment, please read the following carefully before your treatment, (Delete as appropriate Yes/ No)

Please eat a light bite before treatments thank you.

1. Have you ever had a Treatment before? Yes/No Please state what treatments below:
2. Do you have any medical skin complaints? Yes / No  
Please circle if yes: (Eczema, Psoriasis, acne, hyposensitive skin, cuts & abrasions)
3. Have you ever had any injuries to your back or spine? Yes/No  
(Whip lash, Trapped nerves, Tendonitis, Broken bones, Frozen shoulders, Slipped disc)
4. Do you have any recent or chronic medical conditions?  
Please circle if yes: (Diabetes, Arthritis, High blood pressure, Thyroid, Cancer, etc  
Or any that we have not mentioned?)
5. Are you pregnant? Yes/No Are you trying for a baby?
6. Are you on any medication? Yes/No Have you taken you medication?  
What is the name of your medication?
7. Do you have any allergies? I.e. Asthma, flowers, Alcohol, Hay fever? Yes/No

Please discuss with your therapist before the treatment begins

Are you under the care of a medical professional Yes/No?

Such as a medical doctor, osteopath, chiropractor, physio therapist or acupuncturist?

**During the treatment**

Your treatment should feel comfortable at all times.

Your therapist will check with you that the pressure is appropriate and the temperature of the bed is at your comfort. Please **drink water after treatment to renew hydration levels.**

If at any time you would like the level of pressure to increase or decrease, please let us know.

Most importantly, relax and enjoy!

Please sign the following declaration

I have read the above and discussed it with my therapist.

I understand that massage does not constitute as a medical treatment

but is a form of health maintenance. I will inform my therapist of any changes to my state of health should these occur during the course of my visits.

Guest Signature:

Date:

Therapist Signature:

Date:

Many thanks from my Personal Sanctuary...

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