

Patient Information and Consent -Form



First Name: _____ Family Name: _____
Phone: _____ DOB: _____
Address: _____
Email address: _____
Emergency contact: _____

Medical Information:

Medical conditions you are aware of (eg Headaches/ Migraines, Diabetes, Neuropathy, Epilepsy, Osteoporosis, Arthritis, Varicose veins, Stroke within the last 6 month, Heart Disease, Haemophilia, Blood Clots, Cancer etc)

Any known allergies or food intolerance? _____

Are you currently pregnant? Y/N

If yes, how far along? _____

Any high risk factors? _____

Are you taking any medication? _____

Have you had any orthopaedic injuries/ surgeries/ Joint Replacements/ Sprains or Strains? Y/N

If yes, please list: _____

Are there any other health conditions we should be aware of? _____

Massage Information:

Do you have any allergies or sensitivities regarding massage balm? Y/N

What pressure do you prefer? Light, medium, deep? L/M/D

Please circle any areas of discomfort

I understand that

- Due to the nature of the treatment the practitioner will need to touch or palpate different areas of your body in order to help physical examination, diagnosis and release of symptoms.
- You will be asked to remove certain items of clothing (but not underclothes) to enable better access to certain areas.
- If you feel uncomfortable at any stage of the session, please tell the practitioner. We will not take offence and will make every effort to make you as comfortable as possible.
- Any treatment given will be explained to you and you have the right to clarify, question, or stop the treatment at any time.
- Written consent from a parent or guardian must be obtained before treating anyone under 16 years.

I have read and understood this information and consent, completed this form to the best of my ability and knowledge and will inform my therapist if any of the above information changes at any time.

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature: _____

Date: _____