

Client Record - Strictly Confidential

PERSONAL DETAILS

Name:	<input type="text"/>	DoB:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
<input type="text"/>		Mobile:	<input type="text"/>
<input type="text"/>		Email:	<input type="text"/>
Gender:	<input type="text" value="male/female"/>	Occupation:	<input type="text"/>

GENERAL HEALTH

Smoke?	<input type="text" value="per day"/>	Alcohol?	<input type="text" value="units per week"/>	Weight:	<input type="text"/>	Height:	<input type="text"/>
Lifestyle:	<input type="text"/>						
Existing Therapies/ Treatments?	<input type="text"/>						
Medical History:	<input type="text"/>						
Medication:	<input type="text"/>						
Allergies:	<input type="text"/>						
Doctor's name:	<input type="text"/>						
Doctor's Address:	<input type="text"/>						

CONDITIONS: (✓ any that apply to you and give further details in the medical history section above.)

High Temperature/Fever?	<input type="checkbox"/>	Mental Health conditions?	<input type="checkbox"/>
Varicose Veins/other venal/artierial conditions?	<input type="checkbox"/>	Infectious/contagious conditions?	<input type="checkbox"/>
Chronic diseases/conditions?	<input type="checkbox"/>	Diabetes?	<input type="checkbox"/>
Cuts/bruises/abrasions/wounds?	<input type="checkbox"/>	Cancer, tumors, lumps?	<input type="checkbox"/>
Recent operations/acute trauma?	<input type="checkbox"/>	Inflammation, inc oedema, sunburn?	<input type="checkbox"/>
Severe onset of headaches/migraines?	<input type="checkbox"/>	High or low blood pressure?	<input type="checkbox"/>
Fractures/dislocations?	<input type="checkbox"/>	Pregnancy, menstruation?	<input type="checkbox"/>
Cortisone, steroid, heparin/similar drugs?	<input type="checkbox"/>	Heart conditions?	<input type="checkbox"/>
Hernia?	<input type="checkbox"/>	Artificial joints?	<input type="checkbox"/>
Drug or alcohol abuse?	<input type="checkbox"/>	Epilepsy/fitting?	<input type="checkbox"/>
Neurological dysfunction/numbness/tingling?	<input type="checkbox"/>	Spinal Operations/slipped discs etc	<input type="checkbox"/>

Other useful information:

Client's Signature: (or representative/guardian) Date:

By signing I confirm that the information i have provided is correct and I have not withheld any information that may be deemed relevant to the treatment. I further understand that Massage and Bodywork is not a substitute for medical examination, diagnosis, or treatment, and that I should seek the advice of my General Medical Practitioner or other qualified medical specialist for any condition of which I am aware. I understand massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the treatment or consultation should be construed as such.

Data Protection and Privacy Notice
I give my consent to record, store and process my contact details and other personal and personally sensitive information in support of my treatment, as set out in the Privacy Policy at www.massage-holistic.co.uk.

Client's Signature: (or representative/guardian) Date:

CONTRAINDICATIONS: The following is not an exhaustive list of contraindications to massage. If you have any concerns about whether treatment should proceed please speak to your therapist. Please remember that if a massage treatment is declined the therapist is seeking to protect you and your health and does not take this decision lightly.

Local contraindications means local areas of the body that must be omitted from a massage but the remainder of the body may be treated.

Examples

Ankylosing spondylitis (acute stage)	Bruising and wounds
Athlete's foot	Blisters
Boils/carbuncles	Bursitis (acute stage)
Cortisone and steroids	Fractures (depending on type and severity of fracture, 6 months)
Gout (acute stage)	Hernia
Inflammation of muscles/tendons etc (acute stage)	Herpes
Operations (6 months to 2 years depending on severity)	Osteoarthritis (in acute stage)
Osteoporosis (known areas)	Pregnancy
Rheumatoid arthritis (acute stage)	Shingles
Slipped disc/herniated disc (acute stage)	Sprains and strains (acute stage)
Tendonitis (acute stage)	Trigeminal Neuralgia (acute stage)
Warts	

Totally contraindicated means that massage cannot proceed:

Examples

Alcohol and Drug Abuse (if intoxicated/judgement impaired)	Migraine
Asthma (during attack)	Phlebitis
Cirrhosis of the liver	Renal failure (acute/chronic)
Contagious diseases and contagious skin conditions	Ringworm
Deep Vein Thrombosis (DVT) (3-6 months then consent needed)	Scabies
Fever/high temperature	Sinusitis (acute stage)
Headaches (severe, sudden with no prior history)	Sunburn/inflammation
Headlice	TB, Pneumonia, Bronchitis and flu (acute stage)
Haemophilia (if less severe seek consent)	Undiagnosed lumps
Hepatitis (acute stage)	Urinary tract infections
Impetigo	

With consent means that massage may proceed but only with the consent of the client's medical practitioner:

Examples

Any major disease or condition	Myalgic encephalitis (ME)
Angina	Osteomalacia
Arteriosclerosis	Paget's disease
Blood thinning drugs	Parkinson's disease
Cancers	Peripheral Neuropathy (neuropathy)
Emphysema	Pleurisy
Epilepsy	Rickets
Heart Attack or Heart Failure	Stroke (within 6 months)
High Blood pressure (untreated)	TB (non-acute stage)
Multiple sclerosis (MS)	