DEEPING MASSAGE
with Jen

Client Consultation form and Signed form of Consent:

Client name:
Address:
Profession:
Telephone number:

Age Group: Under 20 ☐ 20 – 30 ☐ 30 – 40 ☐ 40 – 50 ☐ 50 – 60 ☐ 60+ ☐
Lifestyle: Active ☐ Sedentary ☐
Last visit to the doctor:
GP address:
Number of children: (If applicable)

Contra-indications requiring medical permission – in circumstances where medical permission cannot be obtained clients must give their informed consent below (Select if/where appropriate)

Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) Recent operations
Postural deformities
Haemophilia
Diabetes
Conditions causing muscular spasticity (e.g. cerebral palsy)
Any condition already being treated by a GP or another complementary practitioner
Asthma
Whiplash
Medical oedema
Any dysfunction of the nervous system (e.g. Multiple sclerosis, Parkinson's disease, Motor neurone disease)
Slipped disc
Osteoporosis
Trapped/pinched nerve (e.g. sciatica)
Undiagnosed pain
Arthritis
Inflamed nerve
When taking prescribed medication
Nervous/psychotic conditions
Cancer
Acute rheumatism
Epilepsy/ seizures
Cervical spondylitis

If none of the above apply, please tick here: ☐

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Do you have any conditions that may restrict your treatment? If yes, please detail in the box below.

☐Yes ☐No

Please note here any conditions that may affect your treatment. EG: Cuts, Bruises, Swelling, inflammation, Fever, Pregnancy, Skin Diseases, Eczema, Varicose Veins, Undiagnosed lumps/ bumps, Hernia, Gastric Ulcer, Scar Tissue, Neck conditions, Haematoma, Sunburn, Vomiting, Diarrhoea, Breaks or Fractures

Personal Medical Health

Please list here any medical information your therapist needs to know: EG Allergies, Blood Pressure Issues, Hormonal, Menopausal, Dermatitis, Psoriasis, Drugs

Reason for Therapy: e.g. relaxation, muscle tension

Informed Consent:

I understand that the massage I receive is for the purpose of relaxation and relief of muscular tension suitable for treatment using holistic therapies.

If I experience any pain during this session, I will immediately let the therapist know so they can adjust their pressure. I give my informed consent to the therapist to carry out the holistic massage treatment and accept full responsibility for any reactions that may occur.

I understand that massage is not a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any mental or physical ailment of which I am aware.

I understand the massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I acknowledge that if I am late for my appointment the therapist has the right to alter the length of treatment to suit the needs of other appointments.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

PRINT NAME:	DATE:
SIGNED:	

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