client details and consultation form

thrive
massage therapy

Name

Address

Date of birth

Email

Telephone

GP name and contact details

Do you have hypersensitive skin or any allergies? If yes, please give details

Are you currently taking any prescribed medication? If yes, please give details

Please tick if any of the following apply to you today

- ☐ Suffering from fever or contagious or infectious diseases
- ☐ Consumed alcohol, recreational drugs or a heavy meal
- ☐ Diarrhoea and vomiting
- ☐ Undiagnosed lumps, bumps or pain
- ☐ Localised swelling or inflammation
- ☐ Gastric ulcer
- ☐ Hernia
- ☐ Operations in the last two years

If you have ticked yes to any of the above it may not be possible to proceed today with your treatment.

Please tick if any of the following apply to you

- ☐ Pregnant/planning a pregnancy
- ☐ Cardiovascular conditions (e.g. thrombosis, phlebitis (vein inflammation), high or low blood pressure, heart conditions)
- ☐ Haemophilia
- ☐ Currently being treated by a GP or another complementary practitioner
- ☐ Medical oedema (swelling)
- ☐ Osteoporosis
- ☐ Arthritis
- ☐ Nervous/psychotic conditions
- ☐ Epilepsy
- ☐ Diabetes
- ☐ Asthma
- ☐ Any dysfunction of the nervous system (e.g. Multiple Sclerosis, Parkinson's disease, Motor Neurone Disease)
- ☐ Trapped/pinched or inflamed nerve (e.g. sciatica)
- ☐ Cancer
- ☐ Kidney infections
- ☐ Hormonal implants
- ☐ Acute rheumatism
- ☐ Whiplash
- ☐ Slipped disc or cervical spondylitis

If you have ticked yes to any of the above you may need to obtain written medical permission from your GP or consultant confirming your suitability for receiving massage therapy, or sign a consent form prior to treatment.

Please tick if any of the following apply to you

- ☐ Skin diseases
- ☐ Varicose veins
- ☐ Cuts, bruises, abrasions or sunburn
- ☐ Broken bone in the last 3 months

If you have ticked yes, your treatment today may have to be modified to avoid certain areas of your body

Please use this space to tell me anything else about your past or current health that you think could be useful for me to know

I confirm that the information I have provided is true and consent to receiving treatment from Nicola Bates at Thrive Massage Therapy

Client name

Client signature **Date**

If additional medical consent is required:

I have been advised by Nicola Bates at Thrive Massage Therapy to seek medical consent regarding my medical condition before proceeding with a massage therapy treatment.

- ☐ I have provided written consent from my healthcare provider.
- ☐ I have been unable to provide written consent from my healthcare provider and I sign below to confirm that I wish to proceed with the treatment at my own risk.

Client name

Client signature

I would like to hear from Nicola at Thrive Massage Therapy with information about new treatments and offers by:

☐ Post ☐ Telephone ☐ SMS Text message ☐ Email (your personal details will not be used for any other purpose or by third parties)

Therapist use only

Date	Notes/Amends	Signed

Nicola Bates
t/ 07468 858 512
e/ nicola@thrivemassage.co.uk
www.thrivemassage.co.uk

36 Summerfields
Chineham, Basingstoke
Hampshire RG24 8WX

Fully qualified and insured massage therapist. Member of FHT and CThA