

Massage Therapy - Medical History

Weight: / Height:	Are you pregnant/breastfeeding? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Current medication:	
GP Referral required? (i.e. if currently undergoing chemotherapy) <input type="checkbox"/> YES / <input type="checkbox"/> NO	If yes detail action taken and outcome:
Recent operations or illnesses:	Have you ever had massage therapy <input type="checkbox"/> YES / <input type="checkbox"/> NO

Do you suffer from any of the following conditions?	If yes, please describe below
Circulatory: (eg heart, pulmonary oedema, high/low blood pressure, poor circulation, varicose veins)	
Respiratory: (asthma, bronchitis)	
Skin: (dermatitis, eczema, sensitivity, fungal infections)	
Muscular or skeletal: (fibromyalgia, previous fractures, arthritis, osteoporosis)	
Neurological: (sciatica, epilepsy, migraine)	
Urinary: (cystitis, thrush, kidney problems)	
Immune system: (prone to colds, reduced immune status)	
Gynaecological problems: (PMT, menopause, HRT, irregular periods)	
Hormonal: (diabetes, thyroid)	
Digestive: (indigestion, irregular movements IBS)	
Stress related or psychological: (depression, anxiety, panic attacks, insomnia)	
Any other long term illnesses:	
Any allergies? I.e. nut, base oils etc.	
Anything else you would like me to know	

- SECTION BELOW TO BE COMPLETED AFTER INITIAL DISCUSSION WITH THERAPIST -

Client Declaration: I understand that this form is private and confidential between myself and the practitioners within this centre who may discuss my case with the best interests of my care. We will never pass on your information to third parties without your prior consent. I declare that the information that I have given is true and correct and that, as far as I am aware, I can undertake treatment at this establishment without any adverse effects. I have been fully informed about contra indications and am therefore willing to proceed. I understand that massage therapy is not a substitute for medical advice / treatment. I consent to my information being stored in line with the data protection act.

Client signature:	Date:
Therapist signature:	Date: