

SPORTS & REMEDIAL MASSAGE THERAPY CONSULTATION FORM

1. Personal details:

Name
Address:
Email:.....
Tel No: Home:.....Mobile:.....
Age:.....
Occupation.....



Your details will be kept safely and will not be sold to third party. Your privacy is our highest priority.

2. Medical history

Any current problem or known history of the following

- | | |
|--|--------|
| - Musculoskeletal problems | yes/no |
| - Blood pressure | yes/no |
| - Arthritis, osteoporosis | yes/no |
| - Thrombosis, varicose veins | yes/no |
| - Diabetes, epilepsy, asthma, allergy | yes/no |
| - Cuts, bruises, burns | yes/no |
| - Major/recent illnesses | yes/no |
| - Major/recent surgeries | yes/no |
| - Heart or circulatory problems | yes/no |
| - Digestive , respiratory, neurological problems | yes/no |
| - Cancer | yes/no |
| - Other | yes/no |

If yes of any above, please specify
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3. Personal information

Main reason for attending:.....
.....
How did you hear about Marcin.....
Areas in pain or other problems.....
Injuries, accidents.....
Are you on any diet?.....
Are you pregnant?.....
Exercise routine:.....
Other relevant information.....

The information I have given is accurate to my knowledge and understanding. I will also inform the therapist of any changes in my health in relation to conditions mentioned above or omitted information remembered at a later date.

Signature..... Date.....

Signature of therapist..... Date.....