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Consultation Form Body Massage

Consultation Form Postcode: Tel (incl STD): Conditions And/or Symptoms Please Give Details If Answered Yes To Any Of The Questions To The Left - Have You Had An IUD FITTED IN THE LAST 12 WEEKS? Practice Address: DOB: Tick If You DO NOT Wish To Receive Newsletters Or Offers FEMALES ONLY - Date Of Last Period _____ May 3th, 2024

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I Understand That I Will Be Receiving Hot Stone Massage As An Adjunct Form Of Healthcare Only And That This Therapy Is Not Meant To Replace Appropriate Medical Care. I Release The Massage Therapist/practitioner Of Any And All Liability For Any Harm That May Unintentionally Occur During My Treatment(s). Jan 1th, 2024

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What Type Of Massage Are `	You Seeking? 🗆 Relaxation 🗀 🖰	Therapeutic/Deep	Tissue Other	_ 🗆 Light 🗆 Medium 🗆 Deep
Sensitivities? □yes No	Want Massaged? ☐ Yes ☐ No	Please Explain	What Are Your	Goals For This Treatment
Session?File Size: 164KB	Apr 3th, 2024			

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Jul 01, 2012 · Area Of Massage To Be Performed? Treatment Description Advice Given / Feedback From Patient: Therapist Signed: Date: Supervisor: SM Sports Massage Consultation Form July 2012. University Of Jan 2th, 2024

Massage Client Information And Consultation Form

Massage Client Information And Consultation Form Do You Have Any Other Medical Conditions? Home/Cell Phone: Work Phone: Date Of Birth: Emergency Contact: Occupation: Reason For Appointment: Have You Ever Had A Professional Massage Before? YES NO ... Jul 2th, 2024

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Consultant Confirming Your Suitability For Receiving Massage Therapy, Or Sign A Consent Form Prior To Treatment. Client Details And Consultation Form Name Address Email Telephone GP Name And Contact Details Do You Have Hypersensitive Skin Or Any Allergies? If Yes, Please Give De Jul 2th, 2024

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