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## Consultation Form

Name: Jeanul Prouds Phone: (Home) Date of Birth: 29-5-78 (Mol Occupation: Next of Kin/Emergency Contact Health Details:		to the
Phone: (Home)_	00+	High Wycombe
Date of Birth: 29-5-78 (Mo	bile): O403 Address: 4/13 To	een Close, High con
Occupation:	Do Vou Im Emails /	enelle-ahomeni
Next of Kin/Emergency Contact Health Details: Initial Reason for Toward	- Hobbies Know the time of your bi	irth? Location
Contact	(Full Name)	
Health Details:	(maille);	_ Phone/Email:
Initial Reason for Treatment		
Medication in use (for example)	axation, sports :	
Initial Reason for Treatment (rei Medication in use (for example, Are you Pregnant? N/A or Y/N	steroids. HRT can muscle soren	ness etc.):
Are you Pregnant? N/A or Y/N	Due Date_	
Conditions/Syman		
Health Conditions/Symptoms – High/low blood pressure	please tick	
Cancer	Diabetes	Other conditions (Please specify)
Respiratory conditions	Epilepsy	Other conditions (
Heart Conditions	Contagious	
High Cholesterol	Contagious skin conditions Recent Pregnancy	
Thyroid	Varicose Veins	
	Allergies Veins	
Thrombosis/Phlebitis	Poor Circulation	
Digestive problems	Kidnov/ht-11	
Stress	Kidney/bladder	
Emotional Problems	Arthritis/rheumatism	
Depression	Menstruation Problems	
Insomnia	Infertility	
Migraine/Headaches	Hormonal Problems	
Backache	Fluid Retention	
Other Conditions	Cellulite	
other conditions	Overweight	

Lifestyle/Diet - please circle Y/N and describe details, if possible.

Smoking Y/N – how often?	PAST 12HRS (if applicable)	
Exercise Y/N – how often?	Fever	Y/N
Alcohol Y/N – how often	Diarrhoea	Y/N
Water Y/N – how much per day?	Vomiting	Y/N
Tea Y/N how much per day?	Contagious Illness	Y/N
Coffee Y/N – how much per day?	Under influence drugs/alcohol	Y/N
Vegetarian/Vegan Y/N	Others not mentioned	

## Formal Consent

I understand that the services received today, Massage Therapy, Beauty Therapy, I receive is provided for the basic purpose of relaxation, stress reduction and muscular tension and most important pure enjoyment. I further understand that the massage, skin treatment, and any other aspects relating to today's treatment should not be construed as substitute for medical examination, diagnosis, or treatment in any manner. The treatments performed today do not take the place of medical treatment where needed. If you are in doubt, please consult your doctor or physician.

Date: 20, 6 / Name: \_\_\_\_\_\_ Signature: \_\_\_

