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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
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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
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Therapist/practitioner Of Any And All Liability For Any
Harm That May Unintentionally Occur During My
Treatment(s). Mar 14th. 2024

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What Type Of Massage Are You Seeking? ☐ Relaxation
\Box Therapeutic/Deep Tissue Other \Box Light \Box

Medium □ Deep Sensitivities? □yes No	Want
Massaged? \square Yes \square No Please Explain $_$	What Are
Your Goals For This Treatment Session?	File Size:
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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 Mar 14th, 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 Feb 4th, 2024

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