**CONTACT DETAILS:**

Full Name: Date Of Birth:

Telephone: Occupation:

Mailing Address:

Email: (\*\*Necessary for follow-up\*\*)

**GENERAL HEALTH / MEDICAL HISTORY / LIFESTYLE:**

Do you have any injuries and/or complaints at present? Yes  No  (if Yes, please indicate)

Have you had any operations in the last 5 years? Yes  No  (if Yes, please indicate including year)

Do you, or have you ever suffered from any of the following conditions:

Asthma: Epilepsy: Stroke:  Heart Attack:  Osteoporosis: Cancer: 

Varicose Veins:  Hypo / Hyper Thyroid:  Migraine:  High / Low Blood Pressure: 

Do you take natural, recreational and/or pharmaceutical medication? Yes  No  (if Yes, please list)

Are your bowel movements regular? Yes  No 

Pregnant and/or lactating? Yes  No  N/A Menstrual cycle regular? Yes  No  N/A 

Skin type? Oily Dry Combination Mature Sensitive 

Do you have any allergies, or are you allergic to any essential oils? Yes  No  (if Yes, please list)

Do you smoke? Yes  No  Do you drink tea/coffee? Yes  No  Water per day

Do you drink alcohol? Yes  No  Approximate weekly quantity of alcohol

How many hours per week do you spend taking time out for yourself?

Which best describes your diet? Heavy meat consumption  Fast Food 

Rich Foods (lots of dairy & desserts)  Vegetarian or Vegan  Combination 

Do you do regular exercise? Yes  No  (if Yes, please list hours per week and what type)

Do you suffer from any of the following: (please circle) fatigue; stress; rage;

anxiety; phobias; depression; postnatal depression; nervousness; anger;

menopause; addiction; mood swings; insomnia; anorexia; PMS:

I, the undersigned hereby state that all the above information is true and correct to the best of my knowledge:

**No liability: We have no liability to you or any other person for:**

* Health complaint(s) or injury incurred, by the undersigned, as a result of massage received by Massage therapy whilst on these premises.
* Health complaint(s) or injury incurred, for whatever reason, by the undersigned during the period of attendance on these premises.

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Signature Date