**Client Information**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.**

1. Have you had a professional massage before? Yes / No If yes, how often do you receive massage therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Do you have any allergies to oils, lotions, or ointments? Yes / No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Do you have sensitive skin? Yes / No
4. Do you sit for long hours at a workstation, computer, or driving? Yes / No If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_ 5. Do you perform any repetitive movement in your work, sports, or hobby? Yes / No
If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Do you experience stress in your work, family, or other aspect of your life? Yes/No If yes, how do you think it has affected your health?
muscle tension  anxiety  insomnia  irritability other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes / No If yes, please identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you have any particular goals in mind for this
massage session? Yes / No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**  9. Are you currently under medical supervision? Yes / No
If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Are you currently taking any medication? Yes / No
If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please check any condition listed below that applies to you:**  contagious skin condition open sores or wounds TMJ carpal tunnel syndrome easy bruising recent accident or injury recent fracture recent surgery artificial joint sprains/strains current fever swollen glands
allergies/sensitivity heart condition back/neck problems high or low blood pressure circulatory disorder Fibromyalgia
varicose veins atherosclerosis epilepsy deep vein thrombosis/blood clots phlebitis osteoporosis tennis elbow headaches/migraines cancer
joint disorder/rheumatoid arthritis diabetes decreased sensation osteoarthritis/ tendonitis pregnancy If yes, how many months? Please explain any condition that you have marked above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. Is there anything else you haven’t mentioned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following statement and sign where indicated.**

I understand that the massage I receive is mainly for the purpose of relieving muscle tension and relaxation. It is not a substitute for medical treatment or medication. There are certain medical conditions that may prevent or restrict receiving a massage. It is recommended that I consult my GP prior to the massage treatment.

The massage therapist does not offer diagnosis of any illness/disease. It is my responsibility to inform the therapist of any existing medicals conditions and to update any changes.

If I experience any pain or discomfort during the treatment, I will immediately inform the therapist so the pressure may be adjusted. Additionally, if I am uncomfortable for any reason, I may ask that the session be terminated immediately.

No breast massage shall be performed without written consent from both clients and therapist. Any illicit or sexual suggestions made from me (the client) will result in the session be terminated immediately with fees to be paid in full.

Your signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy & Data Protection:** Please note that your personal information will be not be shared with any third parties, without your permission and will be used for treatment purposes only.

**Stay in touch:** If you agree to being contacted for information which regards to appointments, administration and promotional information, please tick how you would like to be contacted.

 Post  Email  Phone  SMS  Other (please indicate\_\_\_\_\_\_\_\_\_\_\_\_

By ticking one or more of the boxes above, please note that your data will only be used to send you further

information about new therapies and special offers.

You can change your preferences or remove your consent at any time by contacting me on:

Tel: 07908 866476 Email: contact@anattawellness.com

For more information, you can view our Privacy Notice on: <https://www.anattawellness.com/privacy-notice>

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For therapist use only:** On this diagram ‘**X’** indicates the areas of the body to be avoided, and **‘Circles’** indicates areas of focus.



**Therapist signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**