



Massage Consultation Form

Client's Name _____

Address _____

Phone _____ Date of Birth _____

Email _____ Profession _____

Number and ages of children _____

Reason for visit e.g. _____

Last visit to doctor or other professional and reason _____

GP Name: _____ Tel: _____

Address: _____

Medication (birth pill/HRT/Vitamins/Antibiotic/Herbal Remedies) _____

Accidents, Injuries, Operations within the last five years _____

Muscular/Skeletal:(Circle relevant) Back complaint Stiff joints Headaches Aches & Pains

Digestive Problems: Constipation Bloating Liver/Gall Bladder Stomach

Circulation: High/low Blood Pressure Heart Varicose Veins Fluid Retention Tired Legs Cellulite

Kidney Problems Cold Hands Cold Feet

Gynaecological: Irregular Periods PMT HRT Menopause Pill Coil Other

Nervous System: Anxiety/Depression Migraine Stress Tension

Skin: Eczema Psoriasis Acne Infectious Conditions Sensitive Skin

Immune System: Recurrent Infections Sore throats Colds Chest Sinuses

Further details of condition: _____

Do you have any allergies _____

LIFESTYLE

How do you rate your ability to relax: Good/Medium/ Poor _____

How do you sleep? Average number of hours _____

Do you see natural daylight in your workplace? _____

Do you work on a computer on a regular basis? How many hours daily _____

Would you describe your current levels of stress as low, medium or high? _____

Do you have a healthy diet? _____ Do you take food/vitamin supplements (names) _____

How many portions of each of the following do you take on a daily basis?

Fruit _____ Vegetables _____ Dairy _____ Protein _____ Salt _____ Sugar _____

Do you eat regular meals _____ Do you eat in a hurry _____

How many glasses of the following to you drink on a daily basis

Water _____ Fruit Juice _____ Herbal Tea _____ Coffee _____ Tea _____ Soft Drinks _____

How many units of alcohol do you take on average per week _____

Do you smoke? _____ How many per day? _____

Do you take regular exercise? _____ How often and what types of exercise _____

Client signature: _____ **Date:** _____