



Phone +44 7946 783741  
Email ash@thebarefootmover.com

## Soft tissue therapy and sports massage pre-assessment

### Client Information

FULL NAME

DATE OF BIRTH

OCCUPATION

MOBILE

EMAIL

HOME ADDRESS

EMERGENCY CONTACT NAME + RELATIONSHIP

MOBILE

### Health Information

ARE YOU TAKING ANY MEDICATIONS? **YES/NO**. IF YES, PLEASE LIST

ANY ALLERGIES? LOTIONS, OIL, SKIN, FRUITS, NUTS ECT. **YES/NO**. IF YES, PLEASE LIST

ARE YOU PREGNANT? **YES/NO**. IF YES, HOW MANY WEEKS?

ARE YOU CURRENTLY RECEIVING MEDICAL TREATMENT OR INTERVENTION? IF YES, PLEASE PROVIDE DETAILS

CURRENT LIFESTYLE: ARE YOU EXPERIENCING ANY PHYSICAL DISCOMFORT? **YES/NO**. IF YES, PLEASE DESCRIBE SENSATION, TYPE AND LOCATION

DOES THIS EFFECT YOUR LIFESTYLE? **YES/NO**. IF YES, PLEASE EXPLAIN HOW

WHAT IS YOUR REASON FOR TREATMENT TODAY?

**I agree that the information provided is to the best of my knowledge, and give permission to receive massage therapy from a trainee soft tissue and sport massage therapist.**

CLIENT SIGNATURE:

DATE:

THERAPIST SIGNATURE:

DATE: