

# Yakushi Centre

## Healing Mind – Body & Spirit

### Contraindication Form

Please read, fill in and sign at the bottom.

A **contraindication** is a condition or factor that serves as a reason to withhold certain treatments due to the harm that it would cause the patient. Some Contraindications are called *absolute* which means treatment cannot take place. Other Contraindications mean treatment may be possible but certain precautions need to be taken. It is important not to withhold any information on this form; doing so could affect or aggravate an existing condition.

**CONTRAINDICATIONS** – Do you have or suffer from any of the following.

	Yes		Yes
HIV – Aids - Hepatitis		Do you give blood	
Contagious diseases, including any cold or flu or Fever		Any condition already being treated by a medical practitioner	
influence of drugs or alcohol-including prescription pain medication		Haemophilia, any type of blood disease	
Recent operations or acute injuries		Thrombosis	
Broken or Fractured bones		High blood pressure	
Skin diseases, Psoriasis or eczema, Infections		Osteoporosis	
Varicose veins		Cancer	
Undiagnosed lumps or bumps, Tumours		Nervous or psychotic conditions Schizophrenia	
Pregnancy		Heart problems, angina, those with pacemakers	
Bruising		Epilepsy	
Cuts, abrasions, open wounds		Diabetes	
Soft tissue damage		Bell's palsy, trapped or pinched nerves	
Sunburn		Gynaecological infections	
Undiagnosed pain		Bursitis	
Inflammation, including arthritis		Rheumatoid arthritis and gout	
Muscle tears, ruptures or tendon tear		Allergies	

**DECLARATION:** "I confirm that the information given above is correct and that to my knowledge, I have not withheld any information that may be deemed relevant to my treatment. I will notify the therapist of any future changes in my health before receiving further treatments. I accept full responsibility for any problems arising from my omissions on this form, including relevant health conditions, medications and ongoing medical treatments."

Client Signature:		Date:	/	/
Therapists Signature:		Date:	/	/

Official Use:				
Treatment Terminated	Yes		No	
Precautions Needed:	Yes		No	