

Oriental Holistic Massage Male Massage Health & Concern Form 2021

**Please note: The information on this form is kept strictly confidential**

First Name:.....Surname: .....  
 Postcode: .....  
 Date of Birth: ..... Contact Number :.....  
**Emergency Contact name and number only: .....**  
 Occupation: .....  
 Email address: .....  
 Reason for visit?.....  
 How did you find our massage clinic?.....

Have you had, or are you currently suffering from, any of the following? Please tick the one you have.

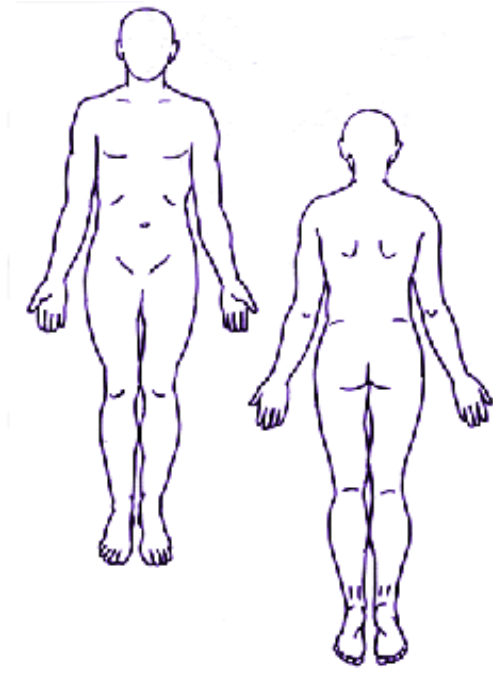
Cold/flu/fever	Infectious conditions	Diabetes	Aids
Varicose veins legs	Blood Clots	Numbness	Hepatitis A, B, C
Headaches	Heart Ailments	Allergies	Skin Disorders
Depression	Heart pacemaker	Loss of Balance	Shingles
<b>Neck/spinal injury Y/N</b>	Arthritis	Joint replacement	Epilepsy
High/Low Blood Pressure	Dizziness	Cancer	

**Trigger Point Therapy can leave some bruising on your skin if you bruise easy, do you still want trigger point therapy? Yes - No**

Have you had a stroke and how long ago.  
 Yes - No

**Have you been in contact with anyone with Covid 19 or been in an area that is classed as a hot area? Yes - No**

Please mark areas of pain (P) or injury (INY) or areas you do not want massaged (NTBM) on the chart below.



Other conditions not listed?

Are you currently under any medical or health care treatment, taking medication, or have you had recent surgery?  
 If so, please describe.....  
 .....  
 .....

Client Sign ..... Date.....  
 Massage Therapist Sign ..... Date: .....