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| 2022 Oriental Holistic Massage & ACT Sport MassageFemale Massage Health & Concern FormPlease note: The information on this form is kept strictly confidential.First Name: ……………………………………………Surname: ………………………………………Postcode: ……………………….Date of Birth: ……………………. Contact Number: ……………………………………….Emergency only contact name and number: ………………………………………………………Occupation: ………………………………………………………………Email address: (Please Print) ……………………………………….Reason for visit?......................................................................Where did you find Oriental Holistic Massage or ACT Sports Massage?....................................................Have you had, or are you currently suffering from, any of the following? Please tick the one you have.

|  |  |  |  |
| --- | --- | --- | --- |
| Varicose veins | Kidney Ailments | Blood Clots | Infectious conditions |
| Headaches | Heart Ailments | Stroke | Aids / HIV |
| Depression | Heart pacemaker | Numbness or Pins & Needles anywhere  | Herpes |
| Neck/spinal injury | Joint replacement | Allergies | Shingles |
| Neck or spinal surgery  | Diabetes | Hepatitis A, B, C | Skin Disorders |
| High/low Blood Pressure | Epilepsy  | Cold/flu/fever | Osteoporosis (Bones) |
| Have you or did you have breast cancer? Yes-NoL or R | Mastectomy R-L or both? Yes-No | Do you have breast implants Yes - No | Do you have sore breasts? Yes-No |
| Fibromyalgia | Arthritis? If so, where? | Please mark areas of pain (P) or injury (INY) or No massage (NM) on the chart below. |
| Are you pregnant? |  |
| Any other conditions that are not listed above? |

Are you currently under any medical or health care treatment, taking medication, or have you had recent surgery? If so, please describe……………………………………………………………………………………………………………………………………………………………………………………………………….....................................................................................................................................................................Client Signature………………………………… Date………………Massage Therapist Sign .................................. Date: .................... |