



**Name:**  
**Email:**

**Address:**

**Contact Tel. No:**

**D.O.B:**

**GP Name/Address/Tel. No:**

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The NHS guidance for COVID-19 symptoms to look out for are high temperature, persistent cough, loss or change to your sense of smell or taste.

If you become aware of any COVID-19 symptoms you should immediately cancel any booked appointments and follow government guidance about self-isolation.

If anyone in your household experiences COVID-19 symptoms you should immediately cancel any booked appointments and put yourself in quarantine for 14 days, as per government advice.

The following conditions have been confirmed by the NHS as being in the Covid 'high risk' group and anyone with the following conditions are unable to have a SYDM treatment.

They include those who

- have had an organ transplant.
- are having chemotherapy or antibody treatment for cancer, including immunotherapy.
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer.
- are having targeted cancer treatments that can affect the immune system.
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma).
- have had a bone marrow or stem cell transplant in the past 6 months or are still taking immunosuppressant medicine.
- have been told by a doctor that they have a severe lung condition such as cystic fibrosis, severe asthma or severe Chronic Obstructive Pulmonary Disease (COPD).
- have a condition that means they have a very high risk of getting infections such as Severe Combined Immunodeficiency (SCID) or sickle cell.
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids).
- have a serious heart condition and are pregnant.

**Please place a cross in the box to confirm you do not have any of the above conditions.**

The following conditions have been confirmed by the NHS as being in the Covid 'moderate risk' group. They include anyone who

- is 70 or older.
- is pregnant.
- has a lung condition that is not severe (such as asthma, COPD, emphysema or bronchitis).
- has heart disease (such as heart failure).
- has diabetes.
- has chronic kidney disease.
- has liver disease (such as hepatitis).
- has a condition affecting the brain or nerves (such as Parkinson's disease, motor



- neurone disease, multiple sclerosis or cerebral palsy).
- has a condition that means they have a high risk of getting infections.
- are taking medicine that can affect the immune system (such as low doses of steroids).
- are very obese (a BMI of 40 or above).

**Please state if you have any of the above conditions and any medication taken.**

**Have you ever been diagnosed with Deep Vein Thrombosis (DVT)?**

**Please place a cross in all boxes below that apply to you. Dependent upon the condition, it may be a SYDM is not suitable for you. Your practitioner will be able to advise you & answer any questions you may have.**

High Blood Pressure	
Epilepsy	
Heart Condition	
Osteoporosis	
Pregnant or Strong Possibility of Being Pregnant	
Serious Disease, Acute Chronic Health Problem, Contagious Illness	

**To prescribe a SYDM that is individually suited to you, place a cross in all boxes that apply to you: -**

Recent accidents or injuries	Knee or Hip Replacement	
Current/Past Broken Bones or Sprains	Migraines/Regular Headaches	
Back Pain/Disc Problems	Oedema – Fluid Retention	
Bone or Joint Condition – eg Arthritis	Hernia	
Diagnosed or Undiagnosed Muscular Pain	Varicose Veins	
Skin Conditions – Eczema, Psoriasis, Athletes Foot	Ladies – Are you currently menstruating?	
Diagnosed Stress/ Panic Attacks/ Anxiety	Diagnosed Depression	
Digestive Problems	Previous Operations/Medical Procedures	



**Please provide additional information to any condition above marked with a cross including GP guidance and any medication you have been prescribed for this or any other medical condition. Use the following 2 boxes if needed.**

**Do you smoke?**

**Do you sleep well?**

**Do you exercise? If so, what do you do?**

**Do you take vitamins and/or supplements?**

**How many units of alcohol do you drink per week?**

(Guidelines – Men up to 21 units per wk max, Women up to 14 units per wk max.  
1 pint beer = 2 units approx. 1 glass wine = 1.5 units approx.)

**What do you most want to gain from this treatment? eg relaxation, work to a specific area, 'me' time.**

**Is there anything else I need to know which may affect the treatment? Please state any further details below.**

**I the undersigned, confirm the above information is correct to the best of my belief and agree to treatments by Kate Smith. In addition I take responsibility for alerting my practitioner to any changes in my health and have notified my GP regarding receiving complementary treatment.**

**Signature:**

**Date:**

**Print name:**

THANK YOU & ENJOY YOUR TREATMENT