



Massage Therapy

Health Declaration

Personal Details

Name				
Address				
Email				
Tel				
Medical details				
Stroke within 1 month	Pregnancy - especially first three months	High/low blood pressure	Heart disease	Inflammatory disease or condition
Diabetes	Severe headaches	Acute slipped disc	Acute rheumatoid arthritis	Heart attack within 3 months
Epilepsy	Fungal infection,	Bacterial infection	Viral infection	Infestations
Severe eczema	Severe psoriasis	Severe skin conditions	Dysfunction of the muscular system	Dysfunction of the nervous system
Eye infections	Deep vein thrombosis (6 months following diagnosis)	During chemotherapy	During radiotherapy	Prescription medication & side effects
Recent illnesses	Allergies	Undiagnosed lumps and swellings	Broken bones, recent fractures and sprains	Cuts and abrasions
Recent scar tissue	Skin disorders			

Notes

My general health is good and I do not know of any reason why I should not have massage therapy

Client Signature

Therapist signature

Today's date

Please note this record is strictly confidential and we will not share this information with any other parties

