Naturally Chiropractic

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Massage consultation sheet

Please fill in as much of this form as you can and tick where appropriate.

Full name ..... Date of birth .....

Address .....

Email ..... Preferred contact method? .....

Mobile ..... Home phone .....

Your health – do you suffer from any of the following?

If so, please describe briefly:

Heart condition	☐ yes	☐ no	.....
Blood pressure?	☐ high	☐ low	.....
Epilepsy or diabetes?	☐ yes	☐ no	.....
IRespiratory disorders	☐ yes	☐ no	.....
Circulatory disorders, eg, fluid retention, kidney, varicoase veins?	☐ yes	☐ no	.....
Skin sensitivity	☐ yes	☐ no	.....
Allergies	☐ yes	☐ no	.....
Arthritis, joint, muscular problems	☐ yes	☐ no	.....
Other medical problems?	.....		
Are you on any medication?	☐ yes	☐ no	.....
Are you pregnant?	☐ yes	☐ no	....

Lifestyle

Occupation: .....

Active or sedentary? .....

Exercise: .....

Do you smoke? ☐ yes ☐ no .....

Alcohol consumption: .....

Your aims from this treatment? .....

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Declarations-

Thank you for taking the time to fill in this form.

Please acknowledge ALL following declarations. If you don't, we cannot accept you as a patient.

I understand that this treatment is taken at my own risk and that neither Naturally Chiropractic nor our resident professional therapists will assume liability of any kind. ..... ☐

I have answered the questions to the best of my knowledge and will undertake to inform you of any alteration to the above. .. .. ☐

Please note that by submitting this form you are giving us permission to contact you using the methods listed above. Your details will be held on the Naturally Chiropractic database on behalf of our therapists but will not be passed to third parties at any other time. You will also be added to our email newsletter, which will keep you appraised of events and important information. You can unsubscribe at any time. ..... ☐

Please confirm:

Name: ..... Date: ..... Signature: .....

Therapist's notes

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