# A picture containing drawing Description automatically generated

# PRIVATE & CONFIDENTIAL

Mob: 07899 944650

Email: massage4dementia@gmail.com

Client Name: Date of Birth:

Mob Tel: Other Tel No:

Email:

Address incl post code:

Occupation:

Gender: Pronouns used:

Family details (e.g living with partner/children etc?):

GP surgery name & address:

Medication you take & what for:

What supplements, vitamins or remedies, including homeopathic remedies do you take & what for:

Exercise you do including physiotherapy:

List other health professionals involved in your support and any specialist treatment involved:

Please list any history of major operations, broken bones, and illnesses you have had including recurring minor illnesses you may have been prone to:

Describe a typical day of your diet. Also list any volumes and types of drinks.

How much alcohol do you drink per week?

How much tobacco do you smoke per day?

Do you take non prescribed medication? Please state (please be reassured this information is kept in strictest confidence in line with GDPR):

Describe any issues with muscles, bones & joints you have or have had. Include any areas of tension or pain:

Describe any issues you have or have had with digestion:

Describe any issues you have or have had with your circulation:

Describe any issues you have or have had with your prostate, genitals, gynaelogical problems:

Are you pregnant? If so how many weeks?

Are you menopausal? If so any symptoms or difficulties?

Are you menstruating? If so, please describe your cycle & any difficulties you experience during any part of your cycle:

Describe any issues you have or have had with your immune system including if you are prone to catching bugs often:

Describe any issues you have or have had with your respiratory system & breathing:

Describe your sleep pattern and any difficulties you have or have had with sleep:

Describe your mental & emotional health past & present:

How do relax? Is this easy for you?

Rate your current stress levels with 10 being as bad as it can be & 1 as good as it can be:

What triggers your stress?

What do you do to regulate stress in your life?

Describe your work environment. Include anything which adds stress to your job:

There are reasons why NOT to massage a person or part of a person or use certain oils. These are called contra-indications. Please only tick any contra-indications you have, state where in your body & add comments to help me understand your issues:

* Cancer (please also fill out separate form Cancer Record Sheet)
* Headaches
* Infection or fever
* Diarrhoea
* Hormone issues e.g. thyroid
* Vomiting
* Rheumatism
* Arthritis
* Cardio vascular disease
* High or low blood pressure – please state
* Hemophilia
* Oedema
* Localised swelling
* Neck conditions
* Spine issues e,g, spondylitis, kyphosis, slipped disc
* Varicose veins or phlebitis
* Bruises
* Osteoporosis
* Diabetes/blood sugar problems
* Epilepsy
* Operations in past 2 years
* Recent fractures
* Nervous/psychotic conditions
* Thrombosis
* Allergies – please state
* Nervous system dysfunction
* Bells palsy
* Innoculation in past 24 hours
* Asthma/breathing problems
* Hayfever
* Sunburn/burns
* Abrasions/cuts/wounds
* Trapped/inflamed nerve
* Kidney/liver diseases
* Inflammation
* Scar tissue
* Whiplash
* Hypersensitive skin/skin issues or diseases e.g. athlete’s foot, verrucaes, eczema, psoriasis, warts

Skin type e.g. dry/oily etc

What’s the most important thing you are looking for from me?

Why did you choose my service?

Describe previous use of essential oils. Include what you like/dislike:

**I understand that I have given you my full medical history** & that you may not diagnose or cure any illness. I undertake the treatment/advice in the full knowledge that it is my personal responsibility.

**I also understand the cancellation agreement**, & know that even if I do receive reminder notifications, that it is ultimately my responsibility to attend appointments when agreed.

* **Please tick this box if you are happy for me to send occasional emails** telling you about my services or products. I will not spam you. You can opt out at any time. Just let me know.

Your information will be kept in line with GDPR & any records can be accessed/amended in line with regulation.

Client’s name Signed Date

Therapist’s name Signed Date

FOR THERAPIST USE ONLY:

Oils used for 1st treatment & why:

Treatment given:

Recommendations & Observations:

Further notes/location of treatment/others present