Anthea Sweet Soft Tissue Therapist 07774 250830 anthea.sweet@gmail.com www.bodysenseyoga.co.uk

CLIENT RECORD

The information given below is strictly confidential and will be used for the safe preparation for treatment and in accordance with our privacy policy printed overleaf. If it is necessary to pass it to a third party (e.g. a cover therapist or a practitioner for referral) permission will be sought from you in advance.

Name:_____DOB_____ Phone: _____

Address: _____

Email:_____ Occupation:_____

GP details:_____ How did you hear about this clinic? _____

Please indicate if any of the following apply to you, either currently or in the past, giving dates:

- ☐ Acute injury, swelling, shock, contusion or pain
- ☐ Contagious illness e.g. cold/flu
- ☐ Deep Vein Thrombosis (DVT)
- ☐ Heart conditions or pacemaker
- ☐ Inoculations in the last 24 hours
- ☐ Surgery, general anaesthetic, fractures, metal pins/plates
- ☐ Uncontrolled high or low blood pressure
- ☐ Myositis Ossificans
- ☐ Bruising, open wounds, fungal infections, dermatitis, folliculitis, sunburn, melanoma, verruccas
- ☐ Menstruation
- ☐ Varicose veins
- ☐ Asthma
- ☐ Cancer or other tumours
- ☐ Diabetes Type I or II
- ☐ Immune system conditions
- ☐ Skeletal/joint/muscular issues e.g. slipped disc, hypermobility, dislocations, frozen shoulder, spondylitis, gout
- ☐ Osteoarthritis or Rheumatoid Arthritis
- ☐ Osteopenia or Osteoporosis
- ☐ Pregnancy or recent childbirth
- ☐ Whiplash injuries

Any other serious illness/condition, current medical tests or relevant family medical history:_____

_____ Current medication: _____

Regular sport, exercise or hobbies:_____

_____

Please indicate the reason for your visit today:_____

_____

Fees and cancellations

Fees are due on or before the day of treatment session. Cancellations must be made at least 24 hours before the scheduled appointment in writing (text or email), otherwise the full fee will be charged.

Your consent to our use of your personal data

With the boxes below ticked, you agree to your data being collected via this form, and to the data you provide being used for the purposes of responding to your enquiries, sending you news and information on offers and events, and of arranging appointments, by the above methods. We will not share your personal data with any third parties. Full details of how your data will be used and your rights are contained in our privacy policy v1.0 available on our website.

☐ EMAIL ☐ PHONE/TEXT

Please sign to indicate that the above information is accurate, you have read and understood the above and that you agree to the cancellation terms. Many thanks.

Signed:_____Date:_____