

In order for me to carry out the safest and most beneficial treatment for you, it is necessary to ask the following questions. Please read carefully and answer all questions. Please tick either yes or no where necessary.

Do you have or are you currently affected by any of the following conditions:

	Yes	No
Any form of infection, disease or fever		
Diarrhoea or vomiting		
Under the influence of recreational drugs or alcohol		
For women – are you in the first 3 months of pregnancy		
Diabetes		
High blood pressure		
Low blood pressure		
Heart conditions		
Blood conditions		
Cancer		
Osteoporosis		
Undiagnosed pain		
Asthma		
Trapped / pinched nerve		
Epilepsy		
Nervous system dysfunction		
Whiplash		
Acute rheumatism		
Arthritis		
Recent operations		

Any other diagnosed condition being treated by a GP or other complementary practitioner

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Are you receiving any other form of complimentary therapy?

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**Disclaimer**

For my records, I need to confirm that you have read, understood and answered all of the previous questions. If there is anything you do not understand, please ask me. Otherwise please read the following and sign below.

To the best of my knowledge, the information I have given is true, and I have not withheld any information concerning my health. I will keep Equilibrium Massage Therapy updated on my health should there be any changes to answers given. I understand there is a possibility I may experience some minor reactions as my body adjusts to the treatment.

I understand that the therapist does not diagnose illness, disease or any other physical or mental condition. I understand that this treatment is not a substitute for medical examination, diagnosis or treatment. While I recognise that all due care will be taken by the therapist, I am aware that my participation in the treatment is voluntary.

Please sign here:

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Client:

Date:

***Equilibrium Massage Therapy is registered with Data Protection Guernsey and all information is held in the strictest of confidence.***