

# CONSULTATION FORM

**Client Note:**

The following information is required for your safety and to benefit your health. There are certain conditions, which may require special care. Please fill in or tick the box as appropriate.

The information given will be treated in the strictest of confidence.

**Personal Details:**

Title: ..... Name .....

Address: .....

..... Postcode:.....

No. of Children:..... Date of Birth: .....

Profession: .....Phone No: .....

E-mail: .....

GP name and address: .....

.....

**Contraindications requiring medical permission:** In circumstances where medical permission cannot be obtained client must give informed consent in writing prior to treatment.

- Slipped disc     Asthma     Medical oedema     Epilepsy     Bell’s Palsy     Cancer
- Haemophilia     Arthritis     Kidney infections     Whiplash     Inflamed nerve
- Osteoporosis     Diabetes     Acute rheumatism     Pregnancy     Spastic condition
- Postural deformities     Nervous/Psychotic conditions     Trapped/Pinched nerve (e.g. sciatica)
- Cardio vascular conditions     (thrombosis, phlebitis, high or low blood pressure, heart conditions)
- Nervous system dysfunction     (Muscular sclerosis, Parkinson’s disease, Motor neurone disease)
- Undiagnosed pain  .....
- Recent operations  .....

Other condition being treated by GP or another complementary therapist:.....

Prescribed medication:.....

**Localised Contraindications:**

- Localised swelling     Inflammation     Sunburn     Varicose veins     Hormonal implants
- Cervical spondylitis     Haematoma     Hernia     Gastric ulcers     Cuts/Bruises
- Recent fractures (minimum 3 months)     Undiagnosed lump/bumps



substitute medical treatment. I agree that my data can be securely stored by A'INE Complementary Therapies, who will not share data with third parties without prior consent.

Client Signature: ..... Date: .....

## **LAVA SHELL MASSAGE, HOT STONES MASSAGE and THAI HOT HERBAL COMPRESS MASSAGE**

**The treatment CANNOT be carried on the following:**

Sensitivity or intolerance to heat                       Conditions aggravated heat

Medications that may have side effects to heat  .....

Client Signature: ..... Date: .....

## **INDIAN HEAD MASSAGE**

**The treatment CANNOT be carried on the following:**

Sycosis barbae     Impetigo     Ringworm     Conjunctivitis     Scabies     Vertigo

Current earache     Head lice     Cold sores     Recent head or neck injury

Client Signature: ..... Date: .....

## **AROMATHERAPY**

**Contraindications that restrict treatment:**    Hypersensitive skin                       Breast feeding

Client Signature: ..... Date: .....

## **HOPI EAR CANDLING**

**The treatment CANNOT be carried on the following:**

1<sup>st</sup> trimester of pregnancy     Ear Tumour     Auricular Cysts     Acute Mastoiditis

Perforated Ear Drum     Otosclerosis or Otospongiosis (ankylosis of the stapes)

Ventilation tubes, Auricular drains (Paracentesis or Grommets)

**The treatment is not advisable where there is:**

Infection or irritation                       Previous allergic reaction                       Chest infection

Swelling or inflammation                       Recent head or neck injury                       Bad cough or cold

Severe bruising, recent injury or any skin disorder in the area to be massaged

If oil has been used in the ears within last 24 hours

Client Signature: ..... Date: .....