Massage Treatments

Massage is the manipulation of muscle and connective tissue to optimise function, stimulate lymphatic drainage and blood circulation, aid healing, bring about relaxation, well-being and promote the natural healing potential of the body. It may be applied using the hands, fingers, elbows, and forearm. As a massage practitioner, I use massage and many other different mediums to assist the body to stay balanced and promote its own ability to heal itself. Here, all our massages are performed lying on a massage table or sitting in a massage chair. The client may be partially unclothed and all parts of the body not being worked on will be covered by towels or sheets. Massage practitioners are not medical doctors and may not diagnose, prescribe or alter any current medication being taken by their clients. I am not a medical doctor. If you have a serious or specific medical issue, you are advised to seek medical intervention.

Name:									
Email:			Occupation:						
Cell phone number:	Landline:								
Date of Birth:		Current age:			Male Female				
Address:									
Emergency contact person (name and phone):									
Doctor (name and phone):									
Status (Mark with x)		Children		Age	Daily Activity (Mark with x)				
Single					Extremely p	Extremely physical			
Married				Physical					
Other					Not physical				
Bowel movement (Mark with x)		General diet (Mark with x)			Environment (Mark with x)				
Good (every day)	↓'	Good (balanced)			Natural air (fresh air)				
Fair (every second day)	ļ'	Fair (irregular eater)	Fair (irregular eater)			Polluted (city centre)			
Poor (once a week)		Poor (junk food etc.)			Excessively polluted (industry etc.)				
Menstrual Cycle:	Regula	ar date	Irregular dat	te 🗌]	Not applicable			
Medical History (Mark where applicable with x)									
Any abnormal growths (e.g. cancers or tumours) &/or radio/chemotherapy (within 6 months) (medical permission granted)			Hyper-sensitive skin caused by wind, sun, cold, chemicals etc.						
Allergies (specify types)					cate partial or full)				
Anaesthetics (local or general within 6 months)		Kidney ailment							
Dental implants Any conditions where pus is present									
Any viral, bacterial or fungal infections,	Major illnesses (within 6 months) rs (indicate) Major surgery (within 6 months)				+				
Asthma		Metal plates/pins							
Blood pressure – high or low (indicate)		daches	es						
Broken bones, brittle bones, osteopor	ocation (indicate)	Nervous disorders							
Cardiac (heart) problems/conditions			Recent or old injuries currently being treated						
Circulation problems (diabetic, slow healers)			Respiratory ailments						
Contact lenses			Rheumatism or arthritis (indicate)						
Acute inflammation e.g. cuts, abrasions, scars, delicate skin etc.			Skin conditions, e.g. psoriasis, eczema, dermatitis etc						
Diabetes (slow healer, cold hands/feet, leg ulcers)			Spastic colon/other gastric conditions						
Eating disorders			Swollen or bruised areas						
Epilepsy			Tattoos/permanent make-up						
Hearing aids			Thyroid issues/ailments/diseases Heartburn						
Varicose veins, thrombosis or any other circulatory disease			X-ray						
Hormonal problems Recent/current Head Injuries			Severe bladder or kidney infections						
Wounds or Unhealed Scars/internal injuries			Muscle spasms						
Glandular Obesity			Muscular/skeletal pain (indicate)						
Lymphatic disorders			Muscles warm to touch						
Injury-related loss of motion (indicate gradual / sudden onset)			Numbness						
	Pregnant/suspected pregnancy			Prostate issues/ailments					
Other medical / non medical conditions									

I have read and understood the above and I am receiving all massage treatments at my own request.

I hereby sign that the above information is true and correct. I fully indemnify the practitioner performing any massage treatment on me. I understand that this document is valid for any massage treatment for the following year from the date of this document.

I agree to Lasting Impressions sending me correspondence including special offers etc., until such time as I choose to unsubscribe.

Please be assured that all personal information given to us is never shared or sold. We use the email address provided for our own electronic correspondence purposes. If you choose not to receive email from us please let us know, and we will happily remove your address from our email list.

Signed: _____

Client Name: _____

Witness: _____

Date: _____

Date	Type of massage	Oils used	Observations, comments & sign