ELITE ENERGY MASSAGE THERAPIES

MASSAGE THERAPIES ENHANCING PEAK PERFORMANCE & RECOVERY

CONSULTATION FORM

NAME:		AGE:	

ADDRESS:	
PHONE NUMBER	
DOCTORS NAME/ADDRESS:	

CONTRAINDICATIONS (select if/where appropriate):

Never treat unless the injury has been diagnosed and treatment has been recommended by a medical practitioner:

Pregnancy		Asthma	
Cardio Vascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions)		Any dysfunction of nervous system (Muscular sclerosis, Parkinson's, Motor Neurone disease	
Haemophillia		Bells Palsy	
Any other condition being treated by a health professional (GP, Physiotherapist, Osteopath, Chiropractor		Trapped/ Pinched nerve (Sciatica)	
		Inflamed Nerve	
		Cancer	
Medical Odema		Postural deformities	
Osteoporosis		Spastic conditions	
Arthritis		Kidney Infections	
Nervous/Psychotic conditions		Whiplash	
Epilepsy		Slipped disk	
Recent Operations		Undiagnosed Pain	
Diabetes		Acute rheumatism	

CONTRAINDICATIONS THAT RESTRICT TREATMENT (Select where appropriate)

Fever		Abrasions	
Contagious or Infectious diseases		Scar tissue (2 years for major operation and 6months for a small scar)	
Under the influence of drink or drugs		Sunburn	
Diarrhoea and vomiting		Hormonal implants	
Skin diseases		Abdomen pain from periods	
Undiagnosed lumps and bumps		Haematoma	
Localised swelling		Hernia	
Inflammation		Recent fractures (within 3 months)	
Varicose Veins		Cervical Spondylitis	
Cuts		Gastric Ulcers	
Bruises		After heavy meal	

In some cases I will ask for written permission from GP/Specialist before commencing treatment.

Sports massage therapy is an additional benefit to some injuries when under physiotherapists but is in not to be used as a replacement.

PERSONAL INFORMATION (select if/where appropriate):

Muscular/Skeletal Problems	
Back	
Aches/Pains	
Stiff Joints	
Headaches	

Digestive Problems:	
Constipation	
Bloating	
Liver/Gall Bladder	
Stomach	

Nervous System Problems:	
Migraine	
Tension	
Stress	
Depression	

Circulation Problems:	
Heart	
Blood Presssure	
Fluid retention	
Tired legs	
Varicose Veins	
Cellulite	
Kidney Problems	
Cold hands and feet	

Gynaecological Problems:	
Irregular periods	
P.M.T	
Menopause	
H.R.T	
Pill	
Coil	
Other:	

Immune System Problems:	
Prone to infections	
Sore throats	
Colds	
Chest	
Sinuses	

Do you take a medicine (including herbal) If yes please list and reason taking:

Do you smoke? If yes, how many per day?

Do you drink? If yes, How many units per day?

Signature: ______________________________ **Date:**_________________________

(if under 18 please get guardian to sign)

Therapists Notes: