

# Massage Entrance Form



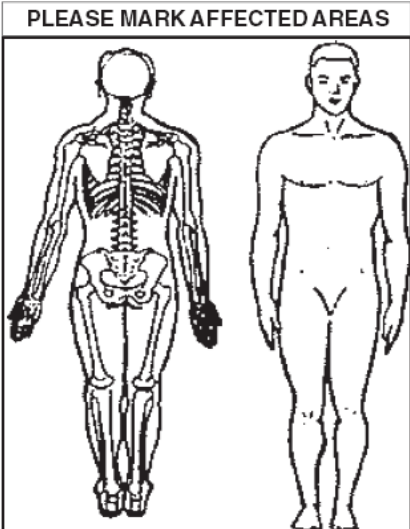
Name \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile Number \_\_\_\_\_

E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

**Current Health, I would like help for?** \_\_\_\_\_



Please list any medication you are currently taking

Have you had any previous injuries, spinal surgery or motor vehicle accidents?

YES/NO

If yes please give details \_\_\_\_\_

**General Health, please tick yes or no for each of the following**

	Yes	No		Yes	No
Do you have a balanced diet?			Do you smoke?		
Do you drink more than 4 caffeine drinks per day?			What are your stress levels like? 1 Very low 10 very high		

How many glasses of water do you drink a day? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_

How many hours of sleep do you get on average per night? \_\_\_\_\_

What do you do to relax? \_\_\_\_\_

Are you on a restricted diet/any medical change diet? YES/NO

If yes, please give details \_\_\_\_\_

**Health History please tick yes or no for each of the following**

	Yes	No		Yes	No
Allergies			Heart Conditions (Angina/Pacemaker)		
Arthritis			High/Low Blood Pressure		
Asthma			History of Thrombosis/Embolism		
Blood Related Diseases			Liver/Kidney Complaints		
Body Inserted Pins or Plates			Loss of Skin Sensation		
Varicose Veins			Osteoporosis		
Diabetes			Recent Operations/Scar Tissue		
Dysfunction of Nervous System			Severe Bruising		
Epilepsy			Skin Disorders/Conditions		
Fracture/Sprains/Swelling			Cancer		

Do you have any illnesses or conditions which may affect your treatment? YES/NO

If yes, please give details \_\_\_\_\_

**Women only**, are you pregnant? Yes/No

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

# Hope Spinal Wellness Massage Therapy Policies

Fees for massage therapy sessions are £25 for 30 minutes, £35 for 45 minutes and £45 for 60 minutes

**Payment can be made by cash or cheque only at time of your visit or in advance.**

**We appreciate 24hrs notification to change an appointment. Please note cancellation of less than 24 hours notification will be charged at full fee.**

**If you fail to attend a massage appointment without notifying us ALL future appointments will need to be paid for in advance.**

Should you fail to attend your scheduled massage appointment or arrive significantly late the above fee will be incurred. Therefore it is imperative that you arrive on time or a few minutes earlier.

Your appointment is booked for 30 to 60 minutes depending on your booking, within this time period we allow 5 minutes for changing clothes either side of the massage.

## **CAR PARKING**

At **Hope Spinal Wellness** we only have ten parking spaces available. We cannot guarantee space will be available onsite at your appointment time so please allow enough time to find alternate parking if necessary.

## **PLEASE ENSURE**

**\*We have your current contact details and mobile number at all times to contact you.**

**\* If you have regular massages to let us know if you are going away on holiday.**

**\*That you keep your underwear (pants) on for your massage.**

All healing takes time. If you do not feel satisfied with your body's responses please make an appointment to discuss this with your practitioner. We want you to get the most from your massage therapy.

**HOPE FAMILY WELLNESS Ltd** is owned and operated by Veronica and Scott Hope. Please if at any time you have any serious concerns or complaints about our office or employees could you direct these matters immediately to Scott Hope on 01227 477004.

**I have read and understand the above policies I agree to abide by them and I hereby give consent to receive massage therapy:**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Hope Spinal Wellness: \_\_\_\_\_

Date: \_\_\_\_\_