

# mountainrehab

Please complete this confidential form prior to massage bookings

**Please tick if any of the following currently apply to you**

- |                             |                          |                                |                          |
|-----------------------------|--------------------------|--------------------------------|--------------------------|
| Allergies                   | <input type="checkbox"/> | Heart/Circulatory conditions   | <input type="checkbox"/> |
| Joint/Muscular problems     | <input type="checkbox"/> | Blood pressure problems        | <input type="checkbox"/> |
| Skin Conditions             | <input type="checkbox"/> | Bleeding disorders             | <input type="checkbox"/> |
| Inflammatory Conditions     | <input type="checkbox"/> | Cancer                         | <input type="checkbox"/> |
| Varicose veins/DVT/Embolism | <input type="checkbox"/> | Osteoporosis                   | <input type="checkbox"/> |
| Broken bones                | <input type="checkbox"/> | Fever                          | <input type="checkbox"/> |
| Pregnancy                   | <input type="checkbox"/> | Contagious/Infectious diseases | <input type="checkbox"/> |
| Taking medication           | <input type="checkbox"/> |                                |                          |

**If you ticked any of the boxes above or if there is any other medical history that you think we should know about, please provide further details.....**

**To the best of my knowledge, the information given above is true**

Name

Signature

Chalet Name

email

Date

time

Therapist

**.....Thank you, we hope you enjoy your treatment**