

## Jiao Qi Massage – Consultation Form

Date of Consultation / Treatment

Name

Date of birth

Address

Postal Code

Tel No.

### Medical Conditions

#### Contra Indications

Yes

No

Diabetes

Recent surgery, injury, bruising etc to the feet

Deep vein thrombosis

Infectious conditions

Skin infection or inflammation

Circulatory disorders e.g. phlebitis, varicose ulcers, peripheral vascular disease

Sensory disorders of the feet e.g. following a stroke.

Any other condition which may be affected by the massage

#### Cautions

Yes

No

Arthritis of the feet and ankles

Diabetes

Varicose Veins

Non-infectious conditions e.g. eczema

Anticoagulant therapy other than for DVT

Oedema of the ankles

High/Low blood pressure

Pregnancy

Epilepsy

Allergies

If I had to call an ambulance is there anything they should know?

**Client declaration:** I declare that the information I have given is correct and as far as I am aware I can undertake treatments without any adverse effect. I have been fully informed about any of the treatments contra-indications and contra-actions and I am therefore willing to proceed with treatment. I understand that the therapist holds no responsibility for any adverse reactions to this treatment or any subsequent treatments undertaken. I also understand that I am responsible for my own health, safety and well being. Consent to be signed for if under the age of 18

**If GP referral was necessary, has your GP given consent for treatment Yes / No?**

**Client Signature**

**Date:**

**Parent / Guardian Signature**