

Korean Hand Massage – Consultation Form

Date

Name

Date of birth

Address

Tel No.

Postal Code

Reason for Treatment?

Medical Condition of the Hands

Recent Surgery	Yes / No	Circulatory	Yes / No
Arthritis	Yes / No	Infectious Conditions	Yes / No
Skin Conditions	Yes / No	Sensory Disorders	Yes / No
Bruising / Injury	Yes / No		

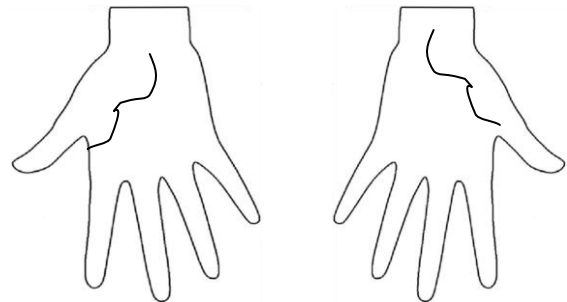
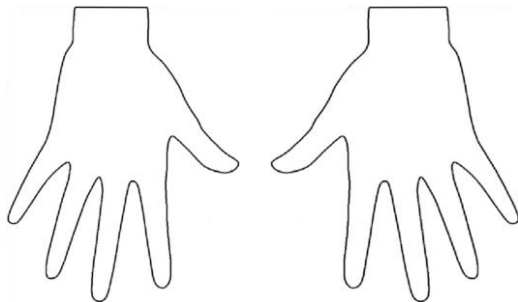
Other Relevant medical information

Allergies to cosmetics / perfumes?

Hand cream / oil used?

Yes / No

Treatment Findings



Top of Hands

Palm Side of Hands