

Confidential Client information

Name:..... DOB:

Email:.....@.....

Tel.....

Mobile.....

Address:

Reason for appointment:.....

Check list – please tick if any of the following relates to you.

Fractures	Osteoporosis	Dislocations	Heart condition	Diabetes Type1 Type2
High / Low Blood pressure	Pregnant	Allergies Food / skin	Infectious bacterial skin conditions	Recent long haul flight, or History of thrombosis.
History of neck injury	History of back injury	Infectious diseases colds/ flu etc	History of Cancer	Prescription Orthotics
Bruise easily	Arthritis	Tendon or ligament Rupture	Hospital surgery	Bleeding disorders
Regular exercise Amount per week	Sports	Smoker Amount per day	Alcohol Units per week	Job type: Desk / driving, active
Children	Regular Medication	Depression	Car / cycle/ horse riding Accident etc	Other

Any other medical conditions?

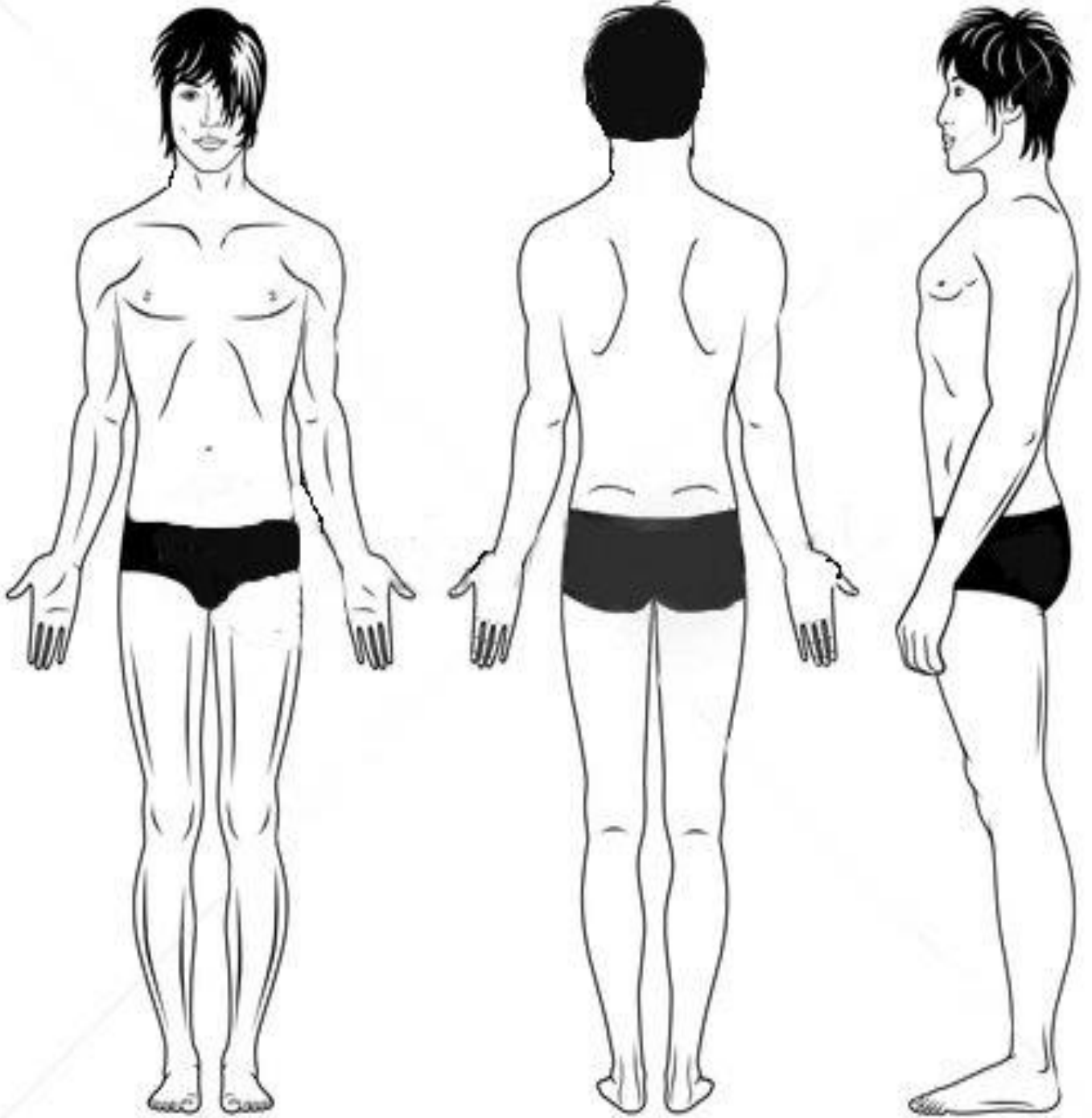
I agree to treatment and have disclosed any previous medical conditions and history to my therapist:

Signature:..... Date.....

Notes:

How did you hear about us?.....

Client name:.....



Notes: