



Please take a few moments to answer the following questions. This information will help us provide the best possible session for you and will be treated in confidence.

Name			
Address			
Tel:	Mob:	Email:	
Are you currently under the active care of a doctor or other medical practitioner?	Yes	No	
Are you taking any medication?	Yes	No	
Do you have any aches, pains or areas of unusual tension at the moment?	Yes	No	
Do you have arthritis or other joint problems?	Yes	No	
Do you have high or low blood pressure at the moment?	Yes	No	
Are you being treated for it?	Yes	No	
Do you ever experience low blood sugar?	Yes	No	
If so have you eaten recently?	Yes	No	
Do you have any skin conditions, bruises or cuts?	Yes	No	
Do you have a history of any of the following?			
TB or osteoporosis	Yes	No	
Diabetes	Yes	No	
Epilepsy	Yes	No	
Broken bones	Yes	No	
Recent surgery	Yes	No	
Hospitalisation	Yes	No	
Other serious illness	Yes	No	
(Women only) Are you pregnant or trying to conceive?	Yes	No	

In view of the following declaration, it is essential that complete information is supplied. Relaxation cannot be held responsible for any injury sustained if you do not fully disclose any material facts which could influence our assessment of your physical condition and suitability for the treatments supplied.

I declare that to the best of my knowledge and belief all the information have provided in this assessment form is true and complete.

Signed.....

Date.....