

**Joanna Edwards - Massage Therapist  
Client Consultation Form for Massage**

Please give as full answers to the following questions as possible; using a separate sheet of paper where needed.  
Joanna Edwards agrees to maintain confidentiality. Information will be secure and not disclosed to third parties (Data Protection Act 1998)

Name..... Date Of Birth .....

Address.....  
..... (Parking available Yes/No)

Tel .....

Email.....

Emergency Contact: Name..... Tel.....

GP: Name..... Address..... Tel.....

Why Massage Therapy?  
.....  
.....

**About you**

Exercise: How often ..... Type(s) .....

Skin Type? Dry Oily Combination Sensitive Dehydrated Normal.....

Smoker Yes / No ..... Units of Alcohol per week .....

Sleeping Habits..... Dietary issues.....

Allergies..... Work .....

Marital Status..... Children.....

**Medical History** (Please give details for now and the past (include dates). Use separate sheet(s) if needed)

Current Medication (include Herbal and Implants) .....

Illnesses or Diseases .....

Any other Condition(s) .....

Injuries or Car Accidents.....

General Mood / Mental Health.....

Operations .....

Other.....

I have disclosed all relevant information concerning my health, to ensure that massage is safely performed.  
I understand all that the treatment involves and agree to receive massage therapy from Joanna Edwards.

Signed.....Print.....  
Date.....