**Shep Sports Massage**

**Name** ………………………………………………………………………………………………………………………………….

**Date of Birth** ………………………………………………………………………………………………………………………………

**Email** ……………………………………………………………………………………………………………………..

**Mobile** ……………………………………………………………………………………………………………………..

**Occupation** ……………………………………………………………………………………………………………………

**Sport / Activities** ………………………………………………………………………………………………………….

**Have you had any of the following?**

|  |  |  |
| --- | --- | --- |
| High/Low Blood Pressure Y/N | Recent Surgery Y/N | Cancer Y/N |
| Heart Condition Y/N | Metal / Plastic Implants Y/N | Skin Conditions Y/N |
| Thrombosis Y/N | Haemophilia Y/N | Recent Illness Y/N |
| Varicose Veins Y/N  | Diabetes Y/N | Long-Covid Y/N |

**Details of above and/or any other conditions** …………………………………………………………………………..…………………………………………………………………

**Do you or have you had any injuries or traumatic experiences? Current**………………………………………………………………………………………………………………………………….

**Previous** ………………………………………………………………………………………………………………………………..

**Are you pregnant? Y/N. If yes how many months?** .........................................................

**Are you taking any prescription medication?** .......................................................................

**Do you have any allergies?** ....................................................................................................

**Are there any areas you would like the treatment to focus on?**

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**I consent to the above contact information being used to inform of treatment changes and service updates directly relating to the service I have booked.**

**Signature**………………………………………………………. **Date………………………………………………………**