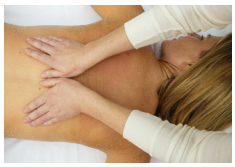


My Personal Sanctuary
www.mypersonalsanctuary.co.uk


Health Treatment Consultation Form

Full name: _____ Todays date: _____

Email: _____ Location: _____

Therapists name: _____

Please tick all relevant boxes below

Today I am...
- ☐ Balanced & happy
- ☐ Tired & exhausted
- ☐ Physically drained
- ☐ Emotionally drained
- ☐ Needing to clear my mind

I would like to feel...
- ☐ De-stressed
- ☐ Deeply relaxed
- ☐ Rejuvinated & refreshed
- ☐ Detoxified

Massage Pressure...
- ☐ Light
- ☐ Medium
- ☐ Deep

My health today

Back / Spine / other Injuries
- ☐ Whip Lash
- ☐ Trapped nerves
- ☐ Tendonitis
- ☐ Broken bones
- ☐ Frozen Shoulder
- ☐ Slipped disc
- ☐ Other (please give details):-

Under care of medical professional
- ☐ Doctor
- ☐ Osteopath
- ☐ Chiropractor
- ☐ Physio therapist
- ☐ Acupuncturist
- ☐ Other (please give details):-

Medical Skin Conditions
- ☐ Eczema
- ☐ Asthma
- ☐ Psoriasis
- ☐ Acne
- ☐ Hyposensitive Skin
- ☐ Cuts & Abrasions

Medication
- ☐ I take medication
- ☐ I have taken it today
- ☐ Name/s:-

Allergies
- ☐ Asthma
- ☐ Flowers
- ☐ Alcohol
- ☐ Hay Fever
- ☐ Other (please give details):-

- ☐ Trying for a baby
- ☐ Pregnant no. of weeks: ☐

Recent / Cronic Medical Conditions
- ☐ Diabetes
- ☐ Arthritis
- ☐ High blood pressure
- ☐ Thyroid
- ☐ Cancer
- ☐ Other (please give details):-

Guests signature: _____ Todays date: _____

Therapists signature: _____ Todays date: _____

Your personal product recommendations: _____