



# Women Wellbeing and Massage Therapy

CLIENT INFORMATION & CONSENT FORM FOR TREATMENTS WITH DIANE PRZYBILLA

## PERSONAL DETAILS

FIRST NAME

LAST NAME

ADDRESS

POSTCODE

EMAIL

PHONE NUMBER

DATE OF BIRTH

AGES OF CHILDREN

MARITAL STATUS

MUSCULAR/SKELETAL PROBLEMS

Y

N

DETAILS:

PLEASE DESCRIBE YOUR LIFESTYLE

ABILITY TO RELAX

GOOD

MODERATE

POOR

SLEEPING PATTERN/HOURS PER NIGHT



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## PERSONAL DETAILS

### DETAILS OF PHYSICAL FITNESS

#### CIRCULATION SYSTEM

HEART PROBLEMS

BLOOD PRESSURE

FLUID RETENTION

V VEINS

#### NERVOUS SYSTEM

HEADACHES/MIGRAINES

TENSION

STRESS

DEPRESSION

STRESS LEVELS, AT WORK

out of 10

STRESS LEVELS, AT HOME

out of 10

#### IMMUNE SYSTEM

PRONE TO INFECTION

SORE THROAT

SINUS

CHEST

### DETAILS OF DIGESTION/DIGESTIVE SYSTEM



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## PERSONAL DETAILS

ANY FOOD ALLERGIES?

MEDICATION TAKEN

## PREGNANCY HISTORY

AGE OF MENARCHE (PERIOD) & EXPERIENCE  
DETAILS:

NUMBER OF PREGNANCIES

NUMBER OF DELIVERIES

DATES OF EACH BIRTH

METHOD OF DELIVERIES  
DETAILS:



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## CONTINUED

IF YOU HAVE GIVEN BIRTH WHAT WAS YOUR EXPERIENCE OF:

PREGNANCY

LABOUR & DELIVERY

POST PARTUM

WHAT ARE YOUR FEELINGS TOWARDS BIRTH

## EMOTIONAL & SPIRITUAL

WHAT IS YOUR OPINION OF YOURSELF?

## OTHER COMMENTS

PLEASE USE THIS SPACE TO GIVE ANY FURTHER RELEVANT INFORMATION THAT YOU FEEL WOULD BE BENEFICIAL FOR ME TO KNOW PRIOR TO YOUR TREATMENT



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## THERAPIST FINDINGS

[Large empty rectangular area for Therapist Findings]

### PLEASE READ, CONFIRM AND SIGN

PLEASE BE AWARE THAT APPOINTMENTS CANCELLED WITHIN A 24 HOUR NOTICE PERIOD OR IF YOU DO NOT TURN UP FOR YOUR APPOINTMENT - THIS WILL INCUR THE FULL CHARGE OF THE TREATMENT.

I UNDERSTAND MY PERSONAL DETAILS ARE HELD IN ACCORDANCE WITH THE DATA PROTECTION ACT. IN ADDITION TO SPECIFIC CONTACT REGARDING MY TREATMENTS I AM HAPPY TO BE CONTACTED ABOUT NEWS OR OFFERS FROM DIANE PRZYBILLA. I UNDERSTAND I MAY OPT OUT AT ANY TIME AND MY INFORMATION WILL NEVER BE SHARED WITH ANY THIRD PARTIES.

I UNDERSTAND THE TREATMENT IS NOT A REPLACEMENT FOR MEDICAL CARE

I UNDERSTAND THAT DIANE PRZYBILLA DOES NOT DIAGNOSE MEDICAL ILLNESS, DISEASE OR ANY OTHER PHYSICAL OR MENTAL CONDITIONS.

AS SUCH THE THERAPIST DOES NOT PRESCRIBE MEDICAL TREATMENT OF PHARMACEUTICALS, NOR DOES SHE PERFORM ANY SPINAL MANIPULATIONS,

I HAVE STATED ALL KNOWN CONDITIONS AND TAKE IT UPON MYSELF TO KEEP THE THERAPIST UPDATED ON MY HEALTH.

CLIENT'S SIGNATURE

DATE

THERAPIST SIGNATURE

DATE