

Client Consultation Form



Noble Eightfold Path is the path which leads to the end of suffering.

Right Action, Right Mindfulness, Right Understanding, Right Speech,

Right Concentration, Right Livelihood, Right Effort, Right Intent

Name _____ D.O.B. _____

Address _____

Tel/Mobile No: _____ Email: _____

Occupation: _____

GP's name and address _____

How did you hear about Eightfold Path? _____

Height _____ Weight _____

Circle Yes or No below if any of the conditions apply to you or NA for not applicable

Medication Yes No Thrombosis Yes No Stroke Yes No

Pregnancy Yes No NA Epilepsy Yes No Neck/back pain Yes No

Menstruation Yes No NA Insomnia Yes No Arthritis Yes No

Fever Yes No Cancer Yes No Allergies Yes No

Asthma Yes No Diarrhoea/Constipation Yes No Fractures Yes No

Headache Yes No Diabetes Yes No Osteoporosis Yes No

Infectious Conditions Yes No Varicose Veins Yes No Low/High Blood Pressure Yes No

Heart Conditions Yes No Operations Yes No Inflammation Yes No

Depression Yes No Skin Conditions Yes No Stomach Conditions Yes No

Are there any other conditions not mentioned above _____

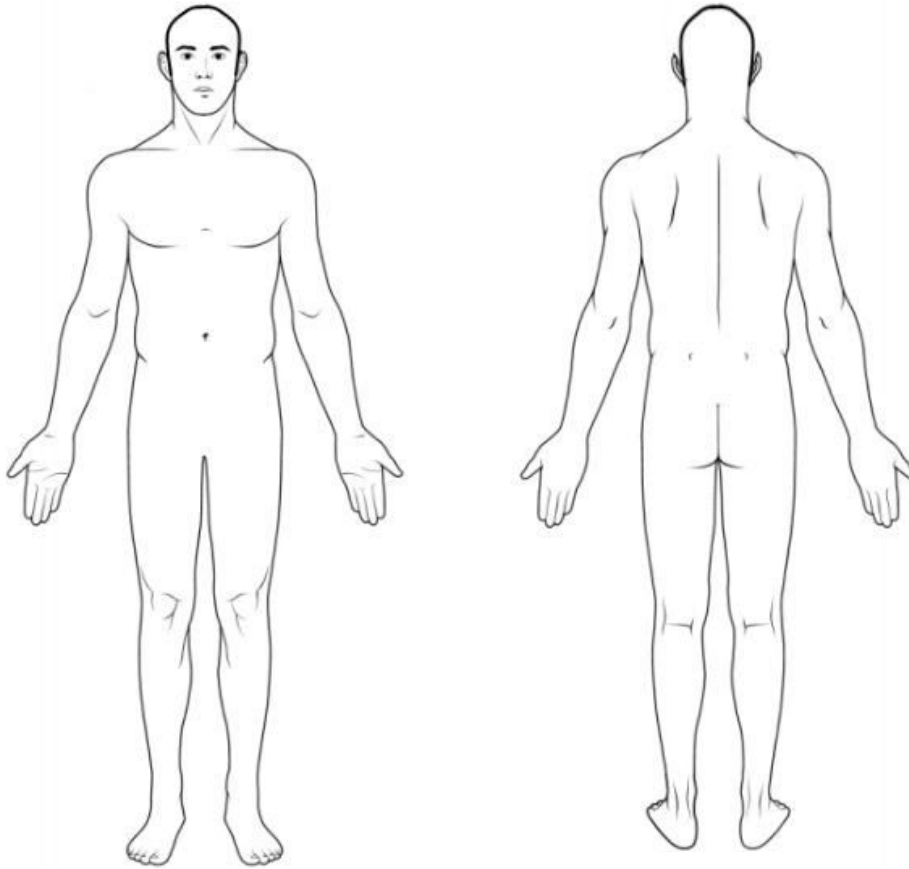
Please provide full details if you have circled any of the conditions. _____

Please note due to the Corona Virus, enhanced measures of hygiene have been implemented. If you are showing any signs or symptoms of the virus such as flu-like symptoms, dry cough, temperature or sudden loss of taste your treatment will be rebooked for 14 days. I will contact each client 24hrs prior to appointment to check for up to date information.

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Please circle any problem areas using **T = Tension P = Pain O = Operation**

Human Body Diagram Printable Diagram Site Human Body Diagram



What would you say your general stress levels are? (using 1-10, 10 being the highest) _____

What are your goals for having a massage? _____

1. I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP/Consultant.
2. If at any time I experience any pain or discomfort during my session I will immediately inform my therapist so that pressure can be adjusted to my level of comfort.
3. I confirm that to the best of my knowledge the answers given are correct and I have not withheld any information that may be relevant to my treatment.
4. I agree to inform my therapist of any change in my health or medical condition and I understand that there shall be no liability on the therapist should I forget to do so.
5. I hereby indemnify Eightfold Path against any adverse reaction sustained as a result of the treatment.

By signing below you agree with all the points raised above.

Signed _____ Date _____

Therapist signature _____ Date _____