



Massage Client Information and Consent Form

Personal Details

Name:	
Address:	
Tel / Mobile:	
Email:	
Date of Birth:	
How did you find me:	

Health

Please give details of any health concerns:

It is your responsibility to let me know of any condition for which you are receiving medical treatment.

**** I am not a medical practitioner and do not diagnose or treat medical conditions. ****

Are you allergic / sensitive, to: sweet almond oil, grape seed oil, olive oil, shea butter, beeswax, any essential oils, or anything else that could be used in your Massage?

My commitment to you is that I will give you the best treatment I can. I will only ask you specific questions each time to help me decide on the best treatment for you, and to assess the effectiveness of the treatment afterwards.

I will ask you at the start of each session to focus your mind on your outcome; and on breathing, feeling and releasing – to help you get the most benefits from the session.

Please sign and date to confirm that you have given me complete and accurate information and that you consent to receiving Massage.

Signature:

Date:

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