

# Massage @ MoneyBarn Client information



Name:	Home address	
Date of Birth:		
Email address:	Contact number 1	
	Contact number 2	

## Health and History

General State of Health / Wellbeing

Medical conditions / Current Medication

Recent illness / Operations (significant or within last year)

Chronic muscle condition, pain, injuries

Are you pregnant or trying for a baby?

Do you suffer / have suffered from dizziness?

## Therapist Notes

I agree that the above information I have given is correct to the best of my knowledge and confirm that I will inform ReVive before my next treatment of any changes to the above information. I also agree that I am willing for my details to be held on paper and secured electronic databases. These details will not be passed on.

Tick to opt out of receiving offers/promotions from ReVive **Client Signature**

**Date**