**MASSAGE ENROLMENT & HEALTH FORM**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (please print clearly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Be Balanced-Yoga & Wellness? Word of mouth/ Website / Google maps / Online advertisement / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be added to Be Balanced newsletter, includes yoga and massage updates & special packages YES / No

Do you have any of the following medical conditions (Please circle):

High / Low blood pressure Thyroid problems Digestive Problems Heart Condition

Asthma/ Lung condition Diabetes Epilepsy Headaches/ Migraine

Arthritis Stoke Chest pain/ Angina Seizures

Low/High Blood pressure Cold Feet/Hands Infectious Disease Caner/ Tumors

Depression/Anxiety Loss Balance/ Vertigo Motor/ car Accident Chronic Pain

Chronic Fatigue Fibromyalgia Herniated Disc Muscle/ Bone Injuries Joint Disorder Numbness/Tingling Neck pain Back pain

If you ticked any above please elaborated or any condition not listed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had any major surgery: including (C-Section) ?

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Please give details to your current injury / illness related history (use back of form if needed):

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Treatment History: please list what treatments you have sought for this condition. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently taking any medication?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you Pregnant? YES NO

Have you had a professional massage before? If so do you experience difficulty lying on your front back or side

I have completed the above details to the best of my knowledge and that I must keep Donna informed of any other medical conditions that may arise in the future or if there is any change to any current medical conditions.

Signed: Date: