

Title	First Name	Surname	
Address	_____		Date of Birth _____
	_____		Gender _____
Postcode	_____		Occupation _____
Email	_____		Tel _____
	_____		Mobile _____
GP Name	_____		
Address	_____		Sport/Activity _____
Tel	_____		_____

Please describe the nature and duration of your present complaints.

What other treatments are you having, or have you had, for these complaints?

Do you have, or have had, any of the following?:

- High/low blood pressure
- Heart disease
- Deep vein thrombosis (DVT)
- Embolism
- High cholesterol
- Varicose veins
- Haemophilia
- Diabetes
- Varicose ulcers
- Dysfunction of nervous system
- Loss/change of sensation
- Pain/neuritis/neuralgia
- Frequent headaches
- Epilepsy
- Indigestion
- Chronic constipation/diarrhoea
- Irritable bowel
- Stress
- Nervousness/anxiety
- Fatigue/weakness
- Skin conditions (eczema, psoriasis, acne)
- Cuts/bruising/scarring

- Burns/swellings/itching
- Tumours/lumps
- Fractures/sprains/strains
- Rheumatoid/Osteoarthritis
- Hormone imbalance
- Irregular/painful menstruation
- Pregnancy
- Allergies
- Other:_____

Have you had any injuries, operations or treatments in the past?

Please list any medications, nutritional products and supplements you are currently taking?

Acupuncture is the insertion of needles through the skin into the underlying tissues and muscles at specific points on the body for the purpose of treating various clinical conditions. Treatment may also include moxibustion, cupping, Tui Na Massage and dietary advice. Possible adverse effects of these procedures include pain or discomfort near the needling sites, skin discolouration, bruising, bleeding, weakness, tiredness, dizziness, nausea and aggravation of existing symptoms which may last several days. If you experience any of these symptoms during the treatment please let the practitioner know so the treatment can be adjusted accordingly. Please refrain from moving while the needles are being inserted, retained, or removed. All needles are sterile and disposable and used within a clean and safe environment. If you are a blood donor you must allow four months from the end of your course of treatment before giving blood again.

Chinese Herbal Medicine involves the prescription of a combination of plant substances to treat various conditions. The practitioner prescribes herbs according to guidelines of daily dosage set out by the Register of Chinese Medicine (RCHM). Possible adverse effects of taking herbal medicine include nausea, gas, stomach ache, vomiting, diarrhea, headache rashes, hives, and tingling of the tongue. If you experience any unanticipated or unpleasant effects, such as the above, please contact the practitioner immediately. The use of animal and mineral products in herbal medicine is prohibited in the UK.

Therapeutic Massage, Deep Tissue Massage, Tui Na Massage, Aromatherapy each uses a combination of hands-on techniques with the intention of relaxing the muscles. Tui Na is based on Chinese medicine and involves repetitive movements. While being associated with various health benefits, they are not intended to cure, diagnose, or treat any medical condition and should not replace treatment or consultation with a qualified doctor.

Occasionally, clients may have adverse reactions, such as headache, dizziness, tiredness, muscle soreness, slight bruising and skin discolouration which may last several days. If essential oils are used there may be an allergic reaction. If hot herbs are used there is a chance of slight burning and allergic reaction to the herbal products. If you experience any of these symptoms at any time during the massage please inform your practitioner so the treatment can be adjusted accordingly. If they continue/worsen after the treatment please contact the clinic immediately.

Massage is an intimate treatment that requires the close contact of client and practitioner. We respect your privacy completely and remind you that you remain in complete control of the massage at all times. If you feel uncomfortable at any time, for any reason, please let the practitioner know immediately so we may remedy the situation or discontinue the massage, whichever you prefer.

Disclaimer

Any judgment made by the practitioner during the course of treatment is based on information that you disclose and is made in your best interest. Decisions about the course of treatment will be formed in mutual agreement between yourself and the practitioner. Improvements of symptoms cannot be guaranteed and your practitioner is not able to anticipate all adverse effects that you may experience. You must inform your practitioner if you are or become pregnant. Your records will be kept confidential and in the case that the practitioner needs to contact your GP they will ask you first.

By signing this form you acknowledge that you have read and agree to the above. You are free to withdraw consent and discontinue any of these procedures at any time during the course of treatment.

Name: _____ Date: _____