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| **PERSONAL DETAILS** | |
| Name: | Address: |
| Mobile no: |
| Email address: |
| Date of birth: |
| **MEDICAL DETAILS** | |
| GPs name: | Surgery address: |
| Surgery tel no: |
| Operations/ injuries: |
| Pregnancy details: |
| **CONTRA – INDICATIONS - no treatment today** | |
| Recent head/neck injury: Yes No | Current high temperature/ Yes No  ill-health : |
| Infectious conditions: Yes No | Intoxication: Yes No |
| Migraine: Yes No | Recent haemorrhage / Yes No  cuts abrasions on the head: |
| **CONTRA – INDICATIONS -**  **please obtain advice from your GP as to whether this treatment is suitable for you** | |
| Cancer: Yes No | High blood pressure: Yes No |
| Diabetes: Yes No | Low blood pressure: Yes No |
| Epilepsy: Yes No | Thrombosis/Embolism: Yes No |
| Allergies: Yes No | Circulatory disorders: Yes No |
| Osteoporosis: Yes No | Dysfunction of the nervous system eg Multiple sclerosis , Cerebral Palsy, Parkinson’s Disease Yes No |
| Heart conditions: Yes No |
| Any additional information | |
| I confirm that I   * have provided correct, complete & up to date information * have seen evidence of Lynn’s Indemnity and Liability Insurance with the Hiscox Insurance Company Limited (HU PI6 9310051) * understand that payment is due at the time of this treatment by cash, cheque or bank transfer * am aware of the [BFM Privacy Notice](http://breastfeedingmatters.co.uk/breastfeeding-matters-privacy-notice.html) on the Breastfeeding Matters website * am happy to receive an Indian Head Massage   Client signature Date | |
| **FURTHER INDIAN HEAD MASSAGE TREATMENTS** | |
| Date Changes in your health Your signature | |