



(SATWINDER KAUR)

To be completed at the time of your first massage/facial:

To help gain maximum benefit from your massage/facial, it is important we are aware of any health conditions. Please complete.

First Name..... Surname.....

Street..... Post Code.....

Mobile No..... Email.....

Medical information – Please let us know if you have any health condition that may affect your massage treatment including any listed below:

- | | |
|--|--|
| <input type="checkbox"/> Recent Operation or Surgery | <input type="checkbox"/> Recent injury or accident |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Asthma/Skin conditions |
| <input type="checkbox"/> Joint problems | <input type="checkbox"/> Are you pregnant |
| <input type="checkbox"/> Cancer | |

Allergies (Fragrance/Nut etc.).....

Any other, please specify.....

STATEMENT AND DISCLAIMER

Undersigned, fully understand that any massage/facial treatments I receive are at my own risk and are only for the purpose of relaxation. I confirm that I give Female Detox Therapy my consent to carry out massage treatment and that the information given is correct to the best of my knowledge. I will follow the verbal and written after advice given to me.

PLEASE READ BEFORE SIGNING

Signature..... Date.....