Your Independent Therapist is _____

To ensure your well-being and for their records, your Independent Therapist requires clients to complete and sign this form before proceeding with Holistic massage. Thank you for your understanding.

Client Information

- CLIENT NAME: _____

Massage History

1. Have you had a professional massage before? YES / NO
    - If yes, how long ago? _____

Reason for Treatment

2. What are your main reasons for seeking a treatment today (e.g low back pain, headaches, etc.)?

Allergies

3. Do you have any allergies to oils, ointments, fruits or nuts? YES / NO
    - If yes, please explain:
      _____
4. Are you allergic to any cannabinoids? YES / NO
    - If yes, please explain: _____
5. Are you happy with your therapist to perform the treatment with the CBD products advised on the treatment page? (applicable for CBD treatment only)
    - ▢ YES ▢ NO

Medications

6. Are you currently under medication? YES / NO
    - If yes, please indicate what he prescription is for:
      _____

Medical History

7. Have you had any recent surgery? YES / NO
    - If yes, how long ago was it? _____

8. Have you ever had any fractures or major accidents (including car accident)? YES / NO
    - If yes, please list them: _____
9. Could you be pregnant? YES / NO
    - If yes, how many weeks are you in? _____

Lifestyle

10. Do you sit for long hours at a workstation, computer or driving? YES / NO
11. Do you perform any repetitive movements in your work, sports or hobby? YES / NO
12. Do you feel that stress in your work family or other aspects of your life affect your health in any of the following ways?
    - ☐ Muscle tension ☐ Anxiety / nervousness ☐ Insomnia ☐ Irritability ☐ Other:_____
13. Is there a specific area of the body where you are experiencing tension, stiffness, or discomfort? YES / NO
    - If yes, please mention where: _____

Medical History (check all that apply)

General symptoms:

- Headache/Migraines | Epilepsy | Diabetes | Cancer | Chronic fatigue | Sleep pattern | Depression | Fibromyalgia

Cardiovascular:

- Phlebitis | DVT | Oedema | Varicose veins | Swelling joints | High blood pressure | Heart issue | Stroke

Muscular, joints & bones:

- Tennis elbow | Artificial joint | Sprains/Strains | Carpal tunnel syndrome | Runner's knee | Arthritis | Osteoporosis

If providing Brazilian lymphatic drainage:

Do you have any of the following?

Diabetes, epilepsy, heart conditions, immunodeficiency, you're on anticoagulant medicine or any antidepressant, steroids or antibiotics that may have skin relate side-effects, you have a pacemaker or undergoing chemotherapy/radiotherapy

YES / NO

If you have diabetes, epilepsy, any heart conditions or immunodeficiency, you're on anticoagulant medicine or any antidepressant, steroids or antibiotics that may have skin relate side-effects, you have a pacemaker or undergoing chemotherapy/radiotherapy, please sign here that you have an approval from your GP to have a Brazilian Lymphatic Drainage massage.

_____

Add-ons (IF APPLICABLE)

- **CUPPING:** Are you aware that cupping may leave discoloured marks on your skin which will stay for a couple of days, sometimes even longer than a week.
  ▢ YES ▢ NO
- **Hot stones:** Are you aware that hot stones are heated up to a maximum of 60°C. If you feel that the sensation is too much, please always speak up straight away instead of tolerating the feeling. For some people who have more sensitive skin, it might leave a red mark for a couple of hours, even a few days.
  ▢ YES ▢ NO
- **CBD Oil:** Are you happy with your therapist to perform the treatment with the CBD products advised on the treatment page?
  ▢ YES ▢ NO
- **Aromatherapy:** Please confirm that you do not have any allergies to aromatherapy oils or if you do, you have disclosed them at the allergy question.
  ▢ ALREADY DISCLOSED ▢ NO ALLERGIES
- **Reflexology:**
  Have you had Reflexology before? ▢ YES ▢ NO

  Why are you seeking Reflexology?

  _____

  What are your goals for this session?

  _____

  Please rate the following on a scale of 1 (bad) – 5 (excellent)
  Quality of Sleep 1 2 3 4 5
  Energy Levels 1 2 3 4 5
  Stress Levels 1 2 3 4 5
  Quality of Nutrition 1 2 3 4 5
  Exercise Habits 1 2 3 4 5

- **Facial:** Please also fill out a Facial consultation form

- **Client Waiver**

Please read each of the following statements to confirm understanding and acceptance:

1. I understand and agree that UrbanMassage.com (“Urban”) is simply acting as an agent of the independent professional (“Service Provider”) who is to provide health and wellbeing services (“Services”). Urban’s involvement is restricted to facilitating the session relating to the delivery of the Services, for which the Service Provider remains solely responsible.
2. I understand and agree that my contract for the delivery of the Services is with the Service Provider.
3. The delivery of the Services may require more than one session which may be scheduled through Urban’s software or booking service. This may include sessions relating to an initial assessment, exercises, advice and a final evaluation.
4. I understand the exercises may include movements, stretches, physical exercise increasing heart rate, strength and conditioning.
5. I understand that the Services offered today are not a substitute for medical care and that prior to my booking, I have informed the Service Provider of all known medical conditions and/or injuries.
6. I agree to inform the Service Provider of any changes in my health and medical condition during my session. I understand there shall be no liability on the Service Provider’s part if I forget to do so, except where the liability arises due to (1) death or personal injury caused by Service Provider’s gross negligence; or (2) fraud or fraudulent misrepresentation by the Service Provider.
7. I understand that my treatment relates entirely to my well-being and is non-sexual in nature;
8. Any disputes or claims arising out of or in connection with the Services and this Client Waiver (including non-contractual disputes or claims) are governed by and construed in accordance with the laws of England and Wales and the English Courts shall have exclusive jurisdiction;
9. By signing this release, I hereby waive and release Urban and the Service Provider, to the extent permitted by law, from any and all liability, past, present, and future relating to health and wellbeing services.

Date _____ Client Signature _____