

Pre-Screening Form

To ensure that you are medically fit to receive a massage treatment, please read the following Pre-Screening Form. If any condition relates to you then please discuss it with your therapist prior to treatment:

- Are you currently under the care of a doctor or any health practitioner?
 - Are you taking any medication?
 - Have you had any recent injuries, surgery, aches or pains?
 - Do you have any arthritis or joint problems?
 - Do you have too high or too low blood pressure? If so, are you receiving treatment?
 - Do you have epilepsy, diabetes or low blood sugar?
 - Do you have any allergies to aromatherapy oils?
 - Have you given blood in the last 24 hours or do you intend to give blood in the next 24 hours?
- **Females only** - Are you pregnant or trying to conceive?

*Please note this is a read only document (no need to print.)
You will be required to sign a medical consent form on the day of your treatment.