



Sport and Remedial Soft Tissue Therapy

CONSENT FORM

YOUR DETAILS

Name: _____ Date of Birth: _____
 Address: _____
 Email: _____ Post Code: _____
 Tel no: _____ Mobile: _____
 How did you hear about me? _____ Occupation: _____

YOUR MEDICAL HISTORY

Do you or have you ever had any of the following? (Please circle)

Are you currently taking any medication?	Yes / No	Epilepsy - Confirm whether stabilised?	Yes / No
Allergies?	Yes / No	Heart problems?	Yes / No
Asthma or other breathing problems?	Yes / No	High or low BP. If high, is it stabilised by medication?	Yes / No
Any major operations/surgery?	Yes / No	Hypermobility?	Yes / No
Deep Vein Thrombosis or circulatory disorder?	Yes / No	If female, are you pregnant	Yes / No
Diabetes? Confirm whether stabilised?	Yes / No	Osteoporosis?	Yes / No
Cancer?	Yes / No	Rheumatoid Arthritis?	Yes / No

✿ If yes to any of the above, please give details here or on the reverse.

Please list sports or activities you currently do and approximate hours a week:

	Hours		Hours

Please list any previous or current injuries with approximate date:

	Year		Year

If more space is needed for any of the above please complete details on the reverse

Your personal details will remain confidential and will be stored securely. They will not be passed to third parties and will only be used to contact you regarding appointments.

Please tick this box if you would like to receive information on offers or services from Bridge 2 Fitness

I have had any potential risks explained to me and consent to proceed with treatment, including acupuncture if agreed. In order to assess any problems, I understand that I may need to expose the affected area..

I understand that treatment is private and I will be liable for payment. Please note: All cancellations made with less than 24hrs notice may be subject to a charge.

Signature of Client: _____

Date: _____

