



## Client Information & Consent Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

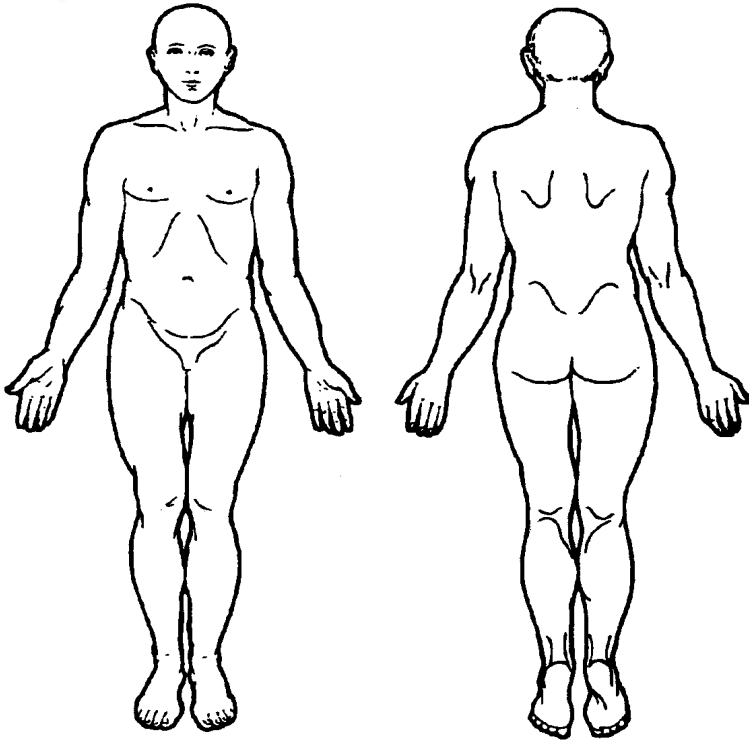
Mobile Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about GTD Sports Therapy? \_\_\_\_\_

What is your major area of concern that you would like to be treated?  
(write below & circle areas)

\_\_\_\_\_



On the body diagrams, please circle the areas that you are experiencing problems/pains/stiffness etc.

If you are experiencing pain in one area and feeling it elsewhere, please indicate with arrows.



## Client Information & Consent Form (cont'd)

**Please tell us about the following, to help the therapist decide how best to treat you**

Have you recently visited - doctor/consultant/physiotherapist/osteopath/chiropractor/other?

Details: \_\_\_\_\_

Have you consumed alcohol/recreational drugs in the last 24 hours?      Circle: Yes / No

Any major/recent operations or illnesses: \_\_\_\_\_

Any known allergies: (particularly to metal) \_\_\_\_\_

Any known Blood Borne Virus: \_\_\_\_\_

Thrombosis/embolism/varicose veins: \_\_\_\_\_

Heart Condition: \_\_\_\_\_

Diabetic: \_\_\_\_\_

Migraines/headaches: \_\_\_\_\_

Paralysis/numbness: \_\_\_\_\_

Fractures/sprains: \_\_\_\_\_

Joint Injuries / replacement / pins & plates: \_\_\_\_\_

**Female Clients only:** Are you pregnant?      Circle: Yes / No

I confirm that the information is correct to the best of my knowledge. If there is any change in my condition I will notify the therapist at the earliest opportunity.

I understand that this therapy service may involve a combination of techniques including: physical assessment; sports massage; medical acupuncture; joint manipulation therapy; remedial massage; heat and cold application; electro-therapy; Kinnective Therapy; Bellabaci Cupping therapy; remedial exercise. I understand that all treatment methods will be explained to me and I give my consent to the treatment provided.

**CANCELLATION POLICY:** Failure to cancel a pre-booked appointment will incur the full cost of the session booked and will be payable at the point of attending the next appointment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if under 16 years – Parent signature required)