

Feel Better Massage & Sports Therapy  
07747 797 229  
[www.feelbettermassage.co.uk](http://www.feelbettermassage.co.uk)

New Client Information Sheet

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

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

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

Phone number: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Referred By: \_\_\_\_\_

Emergency Contact  
Name & Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you in pain?	Yes / No
Please rate your pain on the following scale:	
1 2 3 4 5 6 7 8	9 10
Discomfort	Intense Pain

Please state where you are feeling pain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any of these following medical conditions in the past week?

Fever	Y / N
Diarrhea or Vomiting	Y / N

Have you had any of the following medical conditions either currently or past?

Shingles	Y / N
Hepatitis	Y / N
High/Low Blood Pressure	Y / N
Diabetes	Y / N
Severe/ frequent headaches	Y / N
Heart conditions	Y / N
Inflammation and/or redness	Y / N
Cancer	

If yes, where? \_\_\_\_\_

Artificial bones/Joints/Implants	Y / N
Pacemaker	Y / N
Fainting/ Seizures / Epilepsy	Y / N
HIV / AIDS / ARC	Y / N
Arthritis / Osteoarthritis / Osteoporosis	Y / N
Asthma	Y / N
Recent Operations	Y / N

If yes, where? \_\_\_\_\_

Please list anything you may be allergic to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Female Clients: Are you expecting? Y / N

If yes, how far? \_\_\_\_\_

I hereby certify that the above statements are true and correct to the best of my knowledge.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**24 Hour Cancellation Policy** & late arrival phone number: 07747 797 229  
please store this number where it will be convenient for you if you  
need it.

You will never be charged for a cancellation if it is made more than  
24 hours in advance of your scheduled appointment time.

Reason for this policy: Notifying me of your intention to cancel or  
reschedule 24 hours in advance gives me an opportunity to schedule  
someone else for that time slot. This is important as others may be  
on a waiting list or may also be looking for an opportunity to  
reschedule for a different time. As much advance notice as possible is  
always appreciated.

IF YOU CANCEL YOUR APPOINTMENT WITH LESS THAN 24 HOURS OR NO SHOW, YOU  
WILL LOSE YOUR DEPOSIT. A £10 deposit is mandatory for every booking.  
For habitual cancellations and no shows you will be asked to find  
another therapist.

LATE ARRIVALS WITH NOTICE: If you suspect you will be late, send me a  
text, I can make arrangements and possibly push later clients back. As  
long as you give me notice, you will not lose your deposit.

LATE ARRIVALS WITHOUT NOTICE: It is common practice that therapists  
may leave after 15 minutes of a no call no show. If you arrive late,  
your therapist may not be available for your appointment.

**PLEASE CONTACT 07747 797 229** by phone or text if you are going to be  
late, emails will not be received 48 hours prior to your appointment.

Thank you, please sign you have read, understand, and agree to abide  
by my cancellation policy.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent for treatment form**

Here at Feel Better Massage we offer a range of treatments to help you get back to optimal performance. These might be but not limited to, dry needling, cupping, ultrasound, TENS, IFT or electrotherapy, manual massage, biofreeze, hot stones, use of hot and or cold packs, both passive and assisted stretches, Hopi ear candles, and sports taping. If there are any therapies stated above that you do not wish to use, please speak to your therapist.

Please note that this clinic is for therapeutic and medical massage therapy only. Any misconduct or sexual harassment will be reported to local authorities and you may get prosecuted.

Please sign below stating you agree with the above statement and are happy to continue with treatments.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Coronavirus Questionnaire**

Are you at high risk or extremely vulnerable?      Y / N

If YES, you WILL need a GP referral.

In the past 24 have you had any of the following?

A high temperature?	Y / N
Persistent or continual cough?	Y / N
Loss of taste or smell?	Y / N
Chest pain?	Y / N
Headache?	Y / N
Nausea or vomiting?	Y / N
Diarrhea?	Y / N
Sores on your feet?	Y / N

Have you been in contact with anyone who has been tested positive for  
corid-19 in the past 15 days?      Y / N

\_\_\_\_\_ Do not write below this line \_\_\_\_\_

Temperature date of appointment

Round 1: \_\_\_\_\_

Round 2: \_\_\_\_\_