

Medical Information and Consent Form



Your name (Host/Guest)	<input type="text"/>	Mobile No.	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	Post code	<input type="text"/>
Email	<input type="text"/> <input type="text"/>	Drs. name	<input type="text"/>
		Contact No.	<input type="text"/>

Party details

Name and address of venue	<input type="text"/> <input type="text"/>	Date of party	<input type="text"/>
Chosen treatment	<input type="text"/>	Therapist name (Office use)	<input type="text"/>

CONTRA INDICATION CHECK LIST: Please tick if applicable and state relevant information below.

Pregnancy (massage treatments not provided)	High/low blood pressure
Infectious diseases	Non-infectious disorders
Fungal disease	Contact skin allergies (e.g. cold sore)
Recent wounds/operations	Stroke or thrombosis
Damaged muscles	Digestive problems
Allergies/sensitive skin	Diabetes
Epilepsy	Cardiac conditions
Acute joint disease	Food allergies
Inflamed joints	

State and relevant medical information here to any of the above questions: _____

Any other health problems or recent illnesses? _____

Are you on current medication? If so, please specify. _____

Your privacy is important to Perfect Pamper. The information you have provided will remain strictly private and confidential, will only be used by us as agreed and will not be disclosed to any third party. By providing Perfect Pamper with this Medical Information and Consent Form you are consenting to us processing your details in order to provide our Services to you.

I confirm that I have read and accept Perfect Pamper's Terms and Conditions of Services which can be found at www.perfectpamper.com. I confirm that the information I have given above is true and accurate and to the best of my knowledge. I will always notify Perfect Pamper of any future changes to my health as soon as possible and in any event before any booked treatments. I have not withheld any medical information from Perfect Pamper which may affect any Treatment or Services I receive.

Guest/Host signature: _____ **Date** _____

Guests under the age of 16 will need parental or guardianship consent for treatments.

Parent or guardian name: _____ **Relationship?** _____

Parent or guardian signature: _____ **Date** _____

Would you like to receive email and text information/offers from Perfect Pamper? Yes No