



Elixir Mindful Massage Consultation

www.essential-therapie.co.uk

Please take a moment to fill out the questionnaire below. Your answers will allow your therapist to target your specific conditions and provide you with a truly personalised experience.

Name

Date of Birth

Email

Telephone

Medical History

- Hyper Sensitive Skin
- Allergy (Please specify)
- Glandular Fever / Chronic Fatigue
- Lymphatic Cancer
- Heart Disease
- Circulatory Problems
- Blood Pressure Abnormality
- Epilepsy
- Diabetes
- Phlebitis / Varicose Veins
- Neuropathy / Nerve Damage
- Pregnancy
- Skin diseases/disorders
- Skin Cancer
- Metal pins/plates
- Migraines
- Recent Injury
- Recent Surgery (last 12 months)

If yes, please specify

Other (Please specify)

Are you currently under a physician's care? Yes No
If yes, please specify

In what areas of your body do you carry most of your stress and tension?

Lifestyle

Tell us how you are feeling and what your needs are by ticking the appropriate boxes and your therapist will choose the most suitable blend for you.

- Worried / Anxious - Calm
- Need to Unwind - Calm
- Overactive Mind - Calm
- Exhausted - Sleep
- Trouble Sleeping - Sleep
- Out of Balance - Fortitude
- Under Pressure - Fortitude
- Emotionally Drained - Embrace
- Mood Swings - Embrace
- Hormonal - Embrace
- Weary / Jaded - Clarity
- Need a Pick Me Up - Clarity

Have you had any reactions to products? Yes No
If so, what sort?

Are you currently taking any medication? Yes No
If yes, please specify

Declaration

I confirm that the above statements are true and correct and that Essential Therapie cannot accept liability for injury suffered because of incorrect or omitted information.

Signed

Date

