

Name:	D.O.B:
Address:	Emergency Contact (Name & Number):
Email:	Home Number:
	Mobile Number:
GP Address:	
Sport/Exercise routine:	

Past Medical History: (Please tick as appropriate)

Allergies or Intolerances	Dizziness/Fainting	Kidney Problems
Arthritis or joint problems	Epilepsy	Migraines
Asthma	Heart Disease	Neurological Disorders
Atrial Fibrillation	Hepatitis B/C	Osteoporosis
Bleeding Disorder	High Blood Pressure	Rheumatoid Arthritis
Bowel/Gastrointestinal Problems	HIV	Skin Rash/Condition
Cancer or Tumours	Pacemaker	Strokes/Mini Strokes
Circulatory disorders	Infectious Diseases	Thrombosis
Depression or Anxiety	Liver Disease	Varicose Veins
Diabetes		Visual Problems

If ticked any of the above please state more details:

Please state below if you have had any major illnesses, operations or accidents in the last 5 years?

FEMALES ONLY – are you pregnant?

Are you currently taking any medication? (If so, please state)

Is there a history of major illness in your family?

Please provide any additional relevant information:

Client Declaration

***I declare the information I have provided is correct and as far as I am aware I can undertake treatment without any contra-indications and I am therefore willing to proceed with the treatment.***

***I understand that HJ Health & Sports Therapies abides by a strict 24 hour cancellation policy and that I need to give at least 24 hours notice to avoid payment of the session booked.***

Client's signature:

Date:

Therapist signature:

Date:

## **Declaration**

I agree to provide HJ Health & Sports Therapies with my address and contact details, as well as details pertaining to my medical history (inclusive of current medications that I take). I understand that these details are essential to HJ Health & Sports Therapies being able to safely tend to my treatment needs. I understand that these personal details will be processed by HJ Health & Sports Therapies and will only be accessible to HJ Health & Sports Therapies who act(s) as (a) data processor(s). My personal details will not be processed or accessed by any other persons. I understand that my details will not be passed on to any third parties.

I agree that in the event of a medical emergency, my GP can be contacted and that any emergency services may access my clinical records in such an event. I understand that my details will be retained for a period of up to 7 years after my last appointment (or the date of my 25th birthday if my last appointment was attended whilst I was under the age of 18) before they will be destroyed. By signing this agreement I provide consent for ongoing treatment in line with my clinical needs. Treatments will be explained to me by HJ Health & Sports Therapies and that I will seek clarity from HJ Health & Sports Therapies if I am in any doubt/have any concerns related to this treatment.

I understand that in the unlikely event that I suffer a minor injury during a treatment then there are some simple precautionary steps that ought to be taken. I understand that it is possible that the injury could become more serious unless I take appropriate care. Any such incident will always be recorded at the time. I agree that if I feel that there has or may have been any injury as a result of a treatment then I will ensure that I notify HJ Health & Sports Therapies at the time and will seek HJ Health & Sports Therapies advice on any aftercare precautions that may be necessary. If I am in any doubt as to whether I have suffered an injury, I will consult HJ Health & Sports Therapies. I accept that if I do not notify HJ Health & Sports Therapies at the time, then it may be impossible to identify the cause of an infection or injury and too late to take simple precautionary steps. HJ Health & Sports Therapies will not be responsible for the consequences of a failure by a patient to immediately notify any possible injury.

Signature of Patient:

Date:

(Consent to treatments)

For Children under 18 years of age

Signature and consent of Parent/Guardian:

Date: