****

**Welcome to Dragonflies Therapies Natural Health Studio**

In order to recommend the best possible treatment for you, please complete the following consultation form:

**Name:**

**Address:**

**Telephone:**

**Treatment:**

**Date of Birth:**

**Email address:**

(Please tick if you wish not to be contacted regarding special offers and promotions) [ ]

**What is your main objective for booking a treatment?**

**MEDICAL HISTORY**

**Do you have, or have you ever had medical concerns in the following areas:**

Heart & circulation [ ]

Hormones [ ]

Immune system [ ]

Nervous system [ ]

Respiratory [ ]

Digestive [ ]

Muscles or joints [ ]

**Are you pregnant?** Yes [ ]  (*­­\_\_ weeks)* No [ ]

**Please detail any allergies:**

**Please give details of any accidents, injuries (e.g. fractures) or operations here:**

**Please give details of any treatment you have had lately and any medications you are taking:**

**Please give details of any current injury, aches and /or emotional trauma:**

**Please give details of any regular exercise you take:**

**Have you ever suffered from:**

High blood pressure [ ]

Low blood pressure [ ]

Swelling or thrombosis [ ]

Diabetes [ ]

Cancer [ ]

Arthritis [ ]

Panic attacks [ ]

Varicose veins [ ]

Migraines [ ]

**To get an idea of your lifestyle, please can you indicate any of these that feature in your life:**

Long hours at computer [ ]

Difficulty sleeping [ ]

Difficulty “switching off” [ ]

Anxiety [ ]

Depression [ ]

Difficulty getting going [ ]

Eating on the run [ ]

High quantities of caffeine [ ]

Smoking [ ]

Heavy alcohol consumption [ ]

Pressurised work environment [ ]

Stressful home life [ ]

Meditation [ ]

Regular exercise [ ]

**Highlight areas of concern:**



I have declared everything medically appropriate at the time of treatment and I have agreed to the treatment recommendation. I understand that the treatment may involve the removal of clothing and manual contact and I give my consent.

**Signature: Date of first treatment:**

**Please give 48 hours’ notice when cancelling an appointment so that there is time to allocate to someone else. There is a charge of the full treatment costs for late cancellations and appointments not attended.**

I declare that my medical status has not changed since my first treatment:

**Date of subsequent treatments:** **Signature:**

**This information will not be shared with a second party and is used solely for Dragonflies Therapies Natural Health Studio.**