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**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

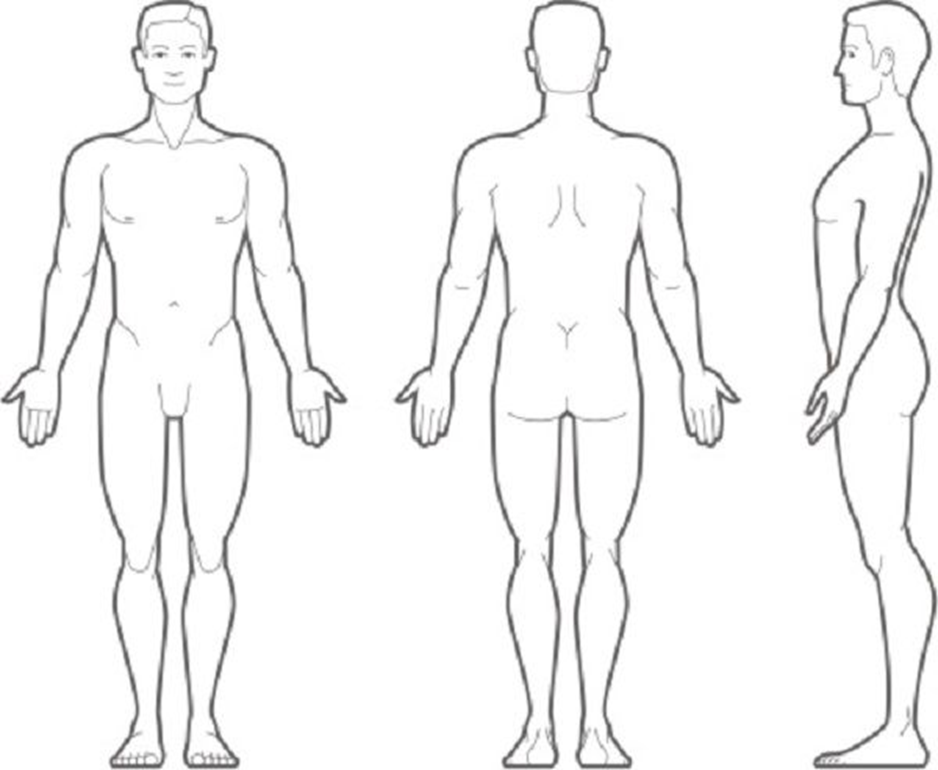
Pressurised work environment

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.**