



claudia walker

rejuvenate revitalize refresh renew relax

Massage and Acupuncture

CLIENT RECORD

The following information is necessary for your safety and to benefit your health and will be treated in strict confidence.

Name: _____

Address: _____

Contact Tel No: _____

Date of Birth: _____

Occupation: _____

Reason for treatment

Do you have any problems? If yes, please specify and provide details. For how long have you had this problem?

Have you seen a doctor/specialist about this problem? If yes, please provide details.

Medical history: major illness, operations, injuries with approximate dates

Indicate any medical treatment and prescription medicines you are currently receiving.

Which other **complementary treatment** have you tried?

State when and indicate whether it was successful.

Are you currently having any complementary treatment(s)? Please give details.

Client Declaration

I confirm that to the best of my knowledge and belief the information I have provided is true and correct and that I have not withheld any information that may be relevant to my treatment.

Signed

Date