



**Thai Yoga Massage**  
**Client Health Assessment Form**

This information is required for your safety and to benefit your health. All details will be treated in the strictest confidence and not shared with any third parties.

**Personal Details**

**Name:**

**Address:**

**Home Tel Number:**

**Email:**

**Mobile:**

**DOB:**

**Occupation:**

**Do any of these health conditions apply to you?**

**If yes please give dates & details in the table at the bottom of the page.**

High/Low blood pressure?	Y N	Heart condition?	Y N
Recent Operations?	Y N	Varicose veins?	Y N
Depression/Anxiety?	Y N	Recent injury?	Y N
Recent fractures/sprains?	Y N	Arthritis?	Y N
Diabetes?	Y N	Epilepsy?	Y N
Asthma?	Y N	Any infectious conditions?	Y N
Detached Retina or other eye problems?	Y N	Recent scar tissue/Bruises?	Y N
Abdominal/digestive complaint?	Y N	Hernia?	Y N
Serious conditions Cancer/Tumour?	Y N	Any Allergies?	Y N
Any large swellings?	Y N	Any Back problems?	Y N
Any Neck problems?	Y N	Any knee problems?	Y N
Any Ankle Problems?	Y N	Any Shoulder problems?	Y N

**Please provide details from any health conditions you answered yes to:**

**Are you pregnant? Any recent pregnancies?**

**Do you undertake regular exercise? Y N**  
**If yes please give details:**

• **Please read the following text carefully:**

1) That I am participating in the Thai Yoga Massage offered by Shelley Edwards, Progress to Success during which I will receive information and instruction about yoga, physical exercise or health. I recognize that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved

2) I understand that it is my responsibility to consult a doctor prior to and regarding my participation in the massage sessions should I need to. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in these sessions..

3) If I am pregnant I understand that I participate fully at my own risk and that of my unborn child/children.

4) In consideration of being permitted to participate in the massage sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the sessions offered by Shelley Edwards.

5) In further consideration of being permitted to participate in the massage session, I knowingly, voluntarily and expressly waive any claim I may have against Shelley Edwards for injury or damages that I may sustain as a result of participating in these programmes.

6) I understand that from time to time during the massage sessions, the therapist will physically adjust my posture.

7) I hereby take full and sole responsibility for any liability of loss or damage to personal property associated with massage sessions. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue my instructor or substitute teacher or its employees for any injury or death caused by their negligence or other acts.

8) I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above under my own free will. By writing my name below, I hereby agree to the terms and conditions above.

9) Cancellation fees - To cancel a massage please give 24 hours notice in order to rearrange a more suitable date and time. Failure to do this will result in a 50% fee.

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## **Client Declaration**

**I declare that the information I have given is true and correct and as far as I am aware I am able to participate in Massage Therapy.**

**Client's Signature:**

**Date:**

**Therapists Signature:**

**Date:**

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**Thank you for signing up to our Newsletter:**

**First Name:**

**Last Name:**

**Email Address:**

Marketing Permissions

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- Email
- Customized online advertising

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**Signed:**

**Print Name:**

**Date:**

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