**Consent for treatment**

I understand the content of this form and agree to receive treatment. I have been informed of any contra indications. The information given regarding my medical details is accurate.

Signed: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Print name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Wellbeing Event Pamper treatments**

Please inform the Therapist if you are affected by any of the following:

Parkinson’s Disease

History of thrombosis or embolism

High or low blood pressure

Spasticity of muscles (extreme tightness)

Recent head or neck injury

On any medication

Pregnancy

Recent operations

Skin/scalp disorders/infections

Diabetes

Asthma

Migraines

Osteoporosis

Cancer

Recent haemorrhage

Recent operations

Skin/scalp disorders/infections

Diabetes

Asthma

Migraines

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Cancer

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Parkinson’s Disease

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Print name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Severe bruising/cuts or abrasions in the area being treated

Severe bruising/cuts or abrasions in the area being treated

**Wellbeing Event Pamper treatment**

Please inform the Therapist if you are affected by any of the following: