

## Consultation Form: Reflexology

NAME:	
ADDRESS:	
TELEPHONE NUMBER:	EMAIL ADDRESS:
DATE OF BIRTH:	OCCUPATION:
EMERGENCY CONTACT:	DOCTORS NAME/SURGERY:

We aim to ensure clients have the best possible advice both prior to and post-treatment. Please read the following information prior to booking an appointment in the salon.

- **Consultation Information:** to ensure you are not contraindicated to any treatment.
- **Pretreatment Advice:** should be read prior to attending an appointment.
- **Aftercare Advice:** to be read following your appointment for best results.

Children under the age of 16 should have consent from a parent or guardian prior to any appointment.

### CONSULTATION

- **Local Contraindications:** treatments cannot be performed over contraindicated areas.

- **Medical Contraindications:** please seek medical advice prior to booking. In circumstances where medical permission cannot be obtained, clients must give their informed consent in writing.
- **Total Contraindications:** prohibit a treatment from taking place.

### **Local Contraindications:**

- Swelling/Inflammation
- Scar Tissue (2 years for major operation, and 6 months small scar)
- Cuts/Abrasions

### **Medical Contraindications:**

- Check any condition that is already being treated by a GP or another practitioner
- Medication for serious conditions
- Cancer (within 5 years of surgery)
- Recent operation
- Post natal
- Severe swelling
- Cardiovascular conditions (Thrombosis, phlebitis, hypertension, hypotension, angina, pacemakers)
- Dysfunction of the nervous system (Multiple Sclerosis, Parkinson's Disease, Motor Neurone Disease)
- Nervous/Psychotic conditions
- Arthritis
- Osteoporosis
- Acute rheumatism
- Epilepsy
- Asthma
- Medical Oedema
- Pregnancy (First Trimester)
- Kidney Infection
- Trapped/Pinched Nerve
- Inflamed Nerve
- Chemotherapy
- Radiotherapy
- Hormonal Implants

## **Total Contraindications:**

- Contagious skin disease (Impetigo, Scabies, Chicken Pox, Mumps)
- Skin Conditions (Eczema, Dermatitis, Psoriasis)
- Any untreated severe medical condition
- Severe Varicose Veins
- Any form of infection, disease or fever
- Bruising/Swelling
- First few days of Menstruation
- Athletes Foot
- Verrucae
- Recent Fractures (minimum 3 months)
- Cervical Spondylitis
- Haematoma

*On completion of this consultation card you must tick the Consent Box in order for the treatment to take place.*

*By ticking the box, you are agreeing to the following terms and conditions.*

*I accept that any treatment I have has been fully explained to me and will be undertaken at my own risk. I have carried out a patch test (where necessary) and I am satisfied with the explanation of the procedure and the aftercare. I have answered the questions regarding my medical history to the best of my knowledge and accept that failure to disclose relevant information may impact treatment results.*

*I agree to contact Sutherlands Hair and Beauty immediately in the event of any adverse effects.*

*I agree to these terms and conditions (Please tick)*

