

Fig Leaf Tantric

Name: _____ Age: _____

I confirm I am well and don't suffer from any COVID 19 or any flu like symptoms

Medical Questionnaire:

Do you suffer from or have suffered from any of the following? (PLEASE CIRCLE)

High or low Blood Pressure?
Diabetes?
Cancer?
Epilepsy?
Recent hemorrhage?
Thrombosis or embolism?
Lumps/swelling?
Skin disorders/scalp infections?
Allergies/sensitive skin?
Spastic conditions (e.g. muscular spasms)?
Recent operations?
Fluid retention
Discomfort/pain in your body?
Anxiety/depression?
Dysfunction of the nervous system (e.g. Parkinson's disease)?
Heart condition?
Liver complaints (e.g. hepatitis)?
Varicose veins?
Digestive problems (e.g. irritable bowel syndrome)?
Nut Allergy?

Any other health problems or recent illnesses?
Any area's I should avoid? (Cuts, abrasions or bruising?)

Client Declaration

I agree to receive a naturist massage by Fig Leaf Tantric Massage and I understand the nature of the massage. All the information given above is correct. Confidentiality will be respected at all times. I acknowledge that I am responsible for myself and will advise my therapist of any changes to the above as they occur.

Signed _____ Date _____ Print name _____