A close-up of a sign

AI-generated content may be incorrect.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Therapist Name:** | | | |  | | |
| **Client Name:** | | | |  | | |
| **Session Date:** | | | |  | | |
| **Treatment Type:** | | | |  | | |
| **Client Information:** | | | | | | |
| **Date of Birth:** | **Phone No.** | | |  | | |
| **Email:** | | | |  | | |
| **Emergency Contact:** | | | | | | |
| **Name:** | **Phone No.** | | | |  | |
| **Health Conditions:** [List known medical conditions] | | | | | | |
| **Current Medications:** [List medications if applicable] | | | | | | |
| **Previous Therapies:** [List prior experiences with complimentary therapy] | | | | | | |
| **CONTRA-INDICATIONS**  **Please inform your therapist if you have any of the following conditions, as adjustments may be required or treatment may not be suitable:** | | | | | | |
| **Pregnancy (first trimester or high-risk)** | | |  | **Severe mental health disorders** | | |  | |
| **Epilepsy or history of seizures** | | |  | **Active infections or fever** | | |  | |
| **Pacemaker or heart conditions** | | |  | **Cancer under active treatment (consult physician)** | | |  | |
| **Recent surgery or wounds** | | |  | **Blood disorders (e.g., deep vein thrombosis)** | | |  | |
| **Other:** | | | | | | | | |
| **TREATMENT NOTES** | | | | | | | | |
| **Session Observations:** [Therapist notes on client’s response] | | | | | | | | |
| **Recommended Follow-up:** [Suggestions for additional sessions or self-care] | | | | | | | | |
| **Client Feedback:** [Client's impressions or concerns] | | | | | | | | |
| **Legal Disclaimer**  **The therapies offered are intended to support well-being and relaxation but are not a substitute for medical care. Clients should consult a healthcare professional for medical concerns. The practitioner does not diagnose, prescribe, or claim to treat medical conditions. All treatments are provided with informed consent, and clients have the right to discontinue sessions at any time.** | | | | | | | | |
| **GDPR**  **All client data is handled in accordance with GDPR regulations. Personal information is stored securely and used solely for treatment purposes. Clients have the right to access, amend, or request deletion of their data at any time. Data will not be shared with third parties without explicit consent, except where legally required.** | | | | | | | | |

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please read disclaimer and GDPR before signing.**

**Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**