

Name:

Date of Birth:

Age:

Address + Postcode

Telephone (s):

email:

In case of emergency contact: Name:

Telephone:

Relationship:

GP Surgery:

Summary of reasons you are coming for treatment/ Current Complaints

Medical History. Please list Injuries and Operations you've sustained through your life, and general health complaints you have.

Injury/ Operation/ Health Complaints/ Anything else relevant + Date/when it happened

Cautions and Contraindications: Do you have or have you ever had:

Please circle any conditions and state how long ago (ie 5 years/ 6 months/ current)

Fainting	Cancer	High Blood Pressure
Skin Disorders	Cardiovascular Disease or heart problems	Low Blood Pressure
Phlebitis	Diabetes	Asthma
Bursitis	Epilepsy	Allergies
Arthritis	Nervous System Disorder	Recent Operations
Varicose veins	Lymphatic System Disorder	Undiagnosed pain/ pain I
Undiagnoses lumps	Lymph node removal	have not visited my GP
Medically weak skin/ bones	Autoimmune Disorder	about yet.
Verucca	DVT	Currently pregnant/ trying
Contagious skin complaints	HIV & Aids	to get pregnant
Inflammatory skin complaints	Hepatitis	Other:
Trapped Nerve/ nerve compression	Haemophilia/ Blood clotting or bleeding disorders	
Slipped Disk	Pacemaker	
	Immunity reduced	
	On anti-coagulant medication	

Lifestyle

Occupation:

Sports Played/ activities:

Fluid Intake: Poor/ Medium/ Good

Nutrition & Diet: Poor/ Medium/ Good

Stress Levels: Low/ Average/ high

Ability to Sleep: Poor/ Average/ Good

Prescribed Medication you are taking:

Vitamins, minerals or supplements you are taking:

Other therapies you receive/ have received (ie Chiropractic, Physiotherapy, CBT):

Have you had Acupuncture before? Yes/No

Have you had Massage before? Yes/ No

Family Medical History- parents, grandparents, siblings . Please record any significant ailments you are aware of

Any other information?

Practitioner notes

Information about treatment

Acupuncture is a form of therapy in which fine needles are inserted into specific points of the body. All needles are sterilised and single use only. This means the risk of infection is minimal.

Occasionally symptoms may worsen temporarily, however this is usually a good sign. Your after care sheet provides more information about reactions to treatment.

Massage therapy uses hands on techniques to optimise the health of soft tissue.

Side effects for both massage and acupuncture may include drowsiness, minor bruising, or fainting but these are generally rare. Other complications may be temporary pain around the acupuncture site or massage site.

Please raise any concerns about any aspect of your treatment with me.

Cancellation Policy

If you are unable to keep your appointment, please be considerate and provide me with as much notice as possible.

The appointment fee will be payable if you cancel within 36 hours of your appointment, or if you forget your appointment.

Illness: If you are poorly, it is better to rearrange. I will not charge you for a late cancellation due to illness.

Please tick if you would like to sign up to my occasional e-newsletters []

Declaration

I declare that the information I have provided on this registration form is correct to the best of my knowledge and hereby give consent for acupuncture and/ or massage to be carried out by Danielle Croft. I understand I can withdraw my consent to receive treatment any time I want the treatment to stop.

I confirm that I have read and understood the 'Information about Treatment' box above and the Aftercare Sheet. I give consent to the practitioner to retain the details provided on this form plus consultation and treatment information for a period of 7 years from my last treatment.

Patient sign and date:

Practitioner sign and date:

Where patient is under 16 years old, details and consent of parent or guardian

Name:

Address:

Telephone (s)

Relationship to patient:

Proof of ID provided? Y/N

Parent/guardian to sign and date:

Practitioner to sign and date:

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Danielle Croft;
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