

Unwind Sessions Referral Form

Please complete this questionnaire with as much detail as possible

All personal information is kept secure & confidential in accordance with GDPR and will be used to enable therapists to adapt the treatment to the client's needs. some anonymised information may be used for monitoring purposes

Name of Client:		Date of Birth:	
Address & Post Code :		Phone No:	
Email:			
Preferred Venue <small>Please tick ✓</small>	ADKC W10 6SB	SMART SW10 0JN	

I consent to be contacted by Community Massage London in regard to booking massage therapy appointments and updates to the appointments

I prefer to be contacted by *phone*

email

Signed (Client) _____

Name of Referrer:	Date of referral:
Name of Organisation/ GP Surgery :	Reason for referral:
Email:	Phone No:

Please put a cross beside any condition/symptom the referee currently has or had in the past.

Allergies	Haemophilia	
Asthma/COPD	Heart problems	
Arthritis/joint problems	High/low blood pressure	
Athletes Foot/ Fungal Infection (Feet)	Liver /digestive problems	
Blood disorders	Metal pins/Plates	
Diabetes	Neck /Shoulder/Back /Spine/Disc problems	
Drug/alcohol addiction	Operations/injuries ,	
Epilepsy	Skin disorders	
Please specify:		
Other long term condition		
Prescription Meds		
If the client is awaiting treatment or test results for any condition mentioned above; Please state the condition:		
And please confirm GP is happy for them to receive treatment : YES NO		

each client may have maximum 6 individual treatment sessions, at either venue. One treatment (Massage or Reflexology) = one session. The Shumei Centre, will offer Jyorei, a form of Japanese spiritual healing. Jyorei treatments are not counted as one of the 6 individual treatment sessions. Please complete this form and email it to teresa@communitymassagelondon.co.uk