



YOGA YOU SANCTUARY

235 Liscard Road, Wallasey, Wirral, CH44 5TH

www.yogayousanctuary.co.uk

TEL: 0151 639 9699



## COMBINED YOGA/MASSAGE THERAPIES CONFIDENTIAL CASE SHEET

1) Name .....

DOB..... AGE.....

2) Address.....

3) Telephone No's.....

4) Sex..... Marital Status.....

Children.....

5) Occupation.....

Ages.....

6) Doctors Name.....

Tel.....

Address.....

Written Permission may be required from your GP before treatment can be given.

Do you give your consent to obtain this if necessary? .....

7) Have You had or are you suffering from Cancer? Yes/ No

8) Are you/ could you be pregnant? Yes/ No

Date of LMP.....

9) Do you have any Allergies? Please circle

Nuts/ Oils/ Hayfever/ Sinusitis/ Eczema/ Psoriasis/ Other Please state

10) Are you?

Diabetic Yes/ No , Epileptic Yes/ No HIV Yes/No

11) Do you suffer from or have any of the following? *Please circle*

Heart problems/ High Blood Pressure/ Low Blood Pressure/ Varicose Veins/  
Multiple Sclerosis/Arthritis/ Rheumatism/ Broken Bones/ Strains/ Recent scar  
Tissue/ Menstruation/ Birth Pill/ PMT/ Menopausal/ Anxiety/ Kidney Problems/  
Indigestion/ Gallstones/ Constipation /Diarrhoea/ Bronchitis/ Colds/Flu/ Asthma/ Eye  
Problems / Ear Problems/ Migraine/ Headaches/ Insomnia / Nervous Stress/  
Depression

12) Do you have any Spinal Problems/ Joint Problems/ Postural problems? *Please state*

13) Recent Operation

14) Do you have any other medical condition/ illness?

15) Are you on medication?



**YOGA YOU SANCTUARY**  
 235 Liscard Road, Wallasey, Wirral, CH44 5TH  
 www.yogayousanctuary.co.uk

TEL: 0151 639 9699



16) Are you intending to sunbathe or use a sunbed within the next 24 hours? Yes/ No

17) Do You?

Take supplements Yes/ No please state what .....  
 Smoke Yes/ No how many per day .....  
 Drink Alcohol Yes/No units per week.....  
 Dietary regime balanced.....app weight.....height.....

18) Approximately how much fluid do you take a day?.....

19) State App Stress Levels 1 to 10 .....

Exercise Yes/ No Type .....

Give your approx General Activity/ Sedentary ratio? .....

Give your approx Happy/ Sad/ Even Keel ratio? .....

Do you make time to relax?.....

Summarise in a couple of words your general level of well-being

20) Is there any other health condition which you think might affect your therapy?

As a result of your mind and body absorbing the essential oils some clients may have the following symptoms for up to 48 hours after a therapy - headaches, emotional upset, lethargic energised, flu like, achy.

**Disclaimer**

I have answered the questions truthfully. I understand the therapist has gone through this consultation with me in order to identify if there are any contra- indications that would affect me having a treatment. I also understand that this is to safeguard myself as well as the therapist .

**Clients Signature**.....

**Client to print name**.....

**Date**.....