

On-site Screening Form

This form is for your safety. Please read through the following and tell your practitioner if any of the “conditions” below apply to you.

- Arthritis
- Asthma
- Back or neck problems
- Blood pressure – high or low
- Diabetes
- Epilepsy
- Fractures during last 12 months
- Feeling unwell
- Heart problems/ pacemaker
- History of fainting
- Osteoporosis
- Rheumatism
- Pregnancy
- RSI (Repetitive Strain Injury)
- Surgery during last 12 months
- Skin conditions (eczema, ringworm, psoriasis, impetigo)
- Thrombosis
- Varicose veins
- Recent injuries (for example whiplash)
- Under the care of a medical professional, such GP, osteopath or consultant
- Medication
- Anticoagulation
- Not eaten in the last four hours
- Anything else you think we might need to know about you.

The Massage should be comfortable at all times. Please let your practitioner know immediately if something “does not feel right”.

The massage is not a substitute for medical treatment; it is a form of health maintenance. Please alert your practitioner to any conditions that could affect the massage.

Please drink sufficient water after the massage.



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