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**CONTRAINDICATIONS**

Please read the following carefully and make sure your therapist is aware if you suffer from any of the following conditions, so he/she is able to advise you.

Please tick any that apply:

**TOTAL (When massage should not be performed)**

- Intoxication (drugs or alcohol)
- Currently feeling unwell (colds & flu, fever, nausea etc. Increased circulation may interfere with the body's own healing process)
- Recent accident, injury or surgery to the head, neck or back (whiplash or concussion etc.)
- Acute infections diseases (Tuberculosis, Hepatitis, Bronchitis etc)
- Contagious skin disorders (Skin: Impetigo, Shingles, measles, ringworm, scalp: Pediculosis (lice)
- Severe inflammation around treatment area
- Migraine (Note: Sufferer may benefit greatly from massage though not whilst they are actually having the attack)
- Meningitis
- Poliomyelitis

**LOCAL (When massage can be performed avoiding any local contra-indicated areas)**

- Skin disorders affecting the treatment area (e.g. weeping eczema, psoriasis, acne rosacea)
- Unidentified lumps and bumps
- Unidentified pain around treatment area
- Bruising, open wounds or abrasions in treatment area
- Aneurysa (localised dilation of the blood vessels, commonly the artery in the temple and forehead)
- Alopecia
- Areas of Septic foci (colds sores, boils)
- Scar issues in treatment area (2 years for major and 6 months for minor operations)

**MEDICAL APPROVAL (May require GP or consultant clearance)**

- Pathological conditions (lymphangitis, inflammation of the lymph vessels, Medical oedema, sever swelling or inflammation caused through injury
- Cardio-vascular problems (hypertension, hypotension, arrhythmia, angina)
- Cancer (in early stages it is not recommended to have massage treatment)
- Osteoporosis
- Epilepsy
- Nervous and psychotic conditions
- Chronic fatigue
- Diabetes
- Bells palsy
  
- None of the above
  
- Is there anything else your practitioner needs to be aware of?

**Disclaimer**

The information given is true to the best of my knowledge, and I have not withheld any information concerning my health. I understand that there is a possibility I may develop some minor reactions as my body adjust to the treatment given.

I have also been made aware of the contra-indications.

While I recognise that all due care will be taken by the practitioner, I am aware that my participation in the treatment is of my own choice.

**Client full name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for treatment (holistic/Indian head/sport/ear candling/seated acupressure-on site):** \_\_\_\_\_

**How did you hear of tennenttechnique:** \_\_\_\_\_