



THE FALCON
CASTLE ASHBY

Treatment Form – Disclaimer and terms and conditions:

Name:	Date of Birth:
Treatment:	Hotel Resident? Yes / No

Do you have any of the following conditions? Please tick the condition below if it applies to you.

Condition	Tick if applicable	Condition	Tick if applicable
Bells Palsy		Heart Condition	
Arthritis		High Blood Pressure	
Cancer		Low Blood Pressure	
Diabetes		Inflamed Nerve	
Diarrhoea		Medical Odema	
Dysfunction of the nervous system		Osteoporosis	
Epilepsy		Phlebitis - Varicose vein	
Fever		Any recent inoculation	
Fractures		Thrombosis	
Gastric Ulcer		Vomiting	
Haemophilia		Whiplash	
Hernia		Other? _____	

Have you recently undergone surgery? Yes / No Do you have any recent scar tissue? Yes / No

Do you have any skin disorders or fungal conditions? Yes / No

Do you have any severe bruising or do you bruise easily? Yes / No

Do you take a blood thinner? Yes / No

Do you suffer from any allergies? Yes / No If yes please detail below:

Do you have any injuries that the therapist should be aware of? Yes / No If yes please detail below:

Females only:

Are you pregnant? Yes / No Are you breast feeding? Yes / No

Are you in your menstrual cycle? Yes / No

Have you had an IUD fitted in the last 12 weeks? Yes / No

Cancellation Policy:

I understand that The Falcon requires at least 48 hours' notice to cancel an appointment and that failure to do so will incur the full charge for the appointment. This is because we may not be able to fill your appointment slot and still need to cover our costs.

Waiver Statement:

I confirm that the information I have provided is correct and I have not withheld any personal or medical information that may affect my treatment. I confirm that any medical conditions listed above which may be affected by undergoing this treatment are my responsibility and I have been fully informed about contra-indications and I am willing, therefore, to proceed.

I will not hold my therapist, or The Falcon Hotel responsible should I become unwell following my therapy treatment.

I acknowledge that this form will be kept on file securely by The Falcon Hotel and will not be shared with any third parties.

I have read the above disclaimers and terms and conditions and fully understand their contents. I voluntarily agree to the disclaimer and terms and conditions stated above.

First Name: _____

Surname: _____

Signature: _____

Date: _____

Emergency contact name and number: _____

To be completed by therapist

Comments:
