

Please complete and return to Tim via email:
Email: tim@RelaxReleaseRenew.co.uk



SMFRTherapy - Health and Consent Form

Todays' Date	
Name	
Address	
Post code	
Telephone number	Mobile number
E-mail address	

Medical history (please give dates)

Surgery/Operations

Fractures

Accidents

Current medication, prescription over the counter and alternative supplements

Have you been referred for further investigation, out-patient, physiotherapy or other therapy by your GP ? If so what and when?

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Do you have, or have you ever suffered with, any of the following? (Please tick all that apply).

- | | | |
|--|--|---|
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> varicose veins | <input type="checkbox"/> allergy |
| <input type="checkbox"/> respiratory disorder | <input type="checkbox"/> epilepsy | <input type="checkbox"/> arthritis |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> diabetes | <input type="checkbox"/> osteoporosis/osteopenia |
| <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> abdominal complaint | <input type="checkbox"/> nervous system disorder (MS, stroke) |
| <input type="checkbox"/> thrombosis | <input type="checkbox"/> skin disorder | <input type="checkbox"/> headaches |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> bowel complaint | <input type="checkbox"/> ringing in the ears |
| <input type="checkbox"/> blackouts | <input type="checkbox"/> bladder complaint | <input type="checkbox"/> eating disorders |
| <input type="checkbox"/> dental complaints | <input type="checkbox"/> visual disturbances | <input type="checkbox"/> a potentially fatal condition |

Acknowledgment and consent

SMFRTherapy is designed to promote health and wellness and may also help to reduce stress and anxiety and promote restful sleep.

SMFRTherapy is for you to treat yourself. You will be shown how to use a therapy ball, a foam roller, a peanut roller and fascial stretching to enhance your health and well-being. It is vital that if at any time you feel any discomfort or pain, you must stop immediately and ask for guidance.

Please also know that you are solely responsible for your own care when you are using SMFRTherapy out with my instruction. This also includes any SMFRTherapy class which you may be attending when your camera is off or when you are out of camera shot.

At this time, do you consider yourself fit and healthy (Please circle/highlight) Yes No

It is your responsibility to advise me of any changes to your medical status. Ladies, this also includes if you become pregnant.

This form and other documents which contain your details such as class lists, documents of the SMFRTherapy techniques taught to you, will be stored in accordance with the Data Protection Act and GDPR guidelines.

Covid -19. If I need to make any 'Track and Trace' system aware of any physical contact with you due to potential transmission of Covid-19, please be aware that I may need to share your contact details with them. I also comply with the most up-to-date guidance on Covid-19. Please ask me for my Covid-19 secure checklist if you wish to see it.

Payment needs to be made via BACS or via Paypal (<https://www.paypal.com/paypalme/relaxrenewuk>). Prices are on my website, including prices for block bookings of 5 and 10 classes.

My cancellations terms are that you need to give me 24 hours' notice where booking is made more than 24 hours ahead of class/one to one session. If you have purchased a block of classes and want to cancel, then the number of classes that you have attended will be deducted at the drop in rate and the remainder will be refunded to you.

Please sign this form to acknowledge the above and that consent for me to teach you SMFRTherapy.

Your signature :

Date :

My signature :

Date :