Treatment Consent Form

Listed below are some contraindications to the treatments you have booked to receive.

If you have any questions about receiving a treatment please contact 1 Look Pamper.

If you have any medical queries please contact your GP.

CONTRA INDICATIONS TO THERAPIES

Certain therapies on people with the following conditions may be harmful for affected areas or may require prior GP approval before treatment can commence: Allergies, Low/High Blood Pressure, History of Thrombosis, Heart Problems, Phlebitis, Varicose Veins, Epilepsy, Diabetes, Problems of the Nervous System, Skin Disorders or Infections, Haemophilia, Fever, Pregnancy, Asthma, Viral Infection, Bruising, Swelling, Cuts, Burns, Recent Fractures, Recent Operations, Recent Scar Tissue, Cancer, Undiagnosed Pain or Lumps, Acute Injuries, Circulatory Problems, first few days of Menstruation, treatment is also not advisable for anyone who has been consuming large quantities of alcohol - Please contact 1 Look Pamper if you have any concerns about receiving Treatment.

CONSENT

I declare to the best of my knowledge that I do not have any contraindications that may be affected by the treatments I will receive from the freelance therapist booked by 1 Look Pamper, and I give my consent to receive the treatments as booked with 1 Look Pamper.

Name	**Sign here**
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