



Oranmore Lodge Hotel

LEISURE CLUB

Treatment Screening Form

Name: _____

Date: _____

Person to Contact in Emergency: _____ Number _____

Do you currently have any condition that may prevent treatment? i.e., Pregnancy, Cardiovascular conditions, Rheumatism, Cancer or any other condition that is being treated by a medical professional. If **Yes** please state.

Do you currently have any condition that may restrict treatment? i.e., Contagious/infectious diseases, Vomiting, diarrhoea, Swelling/Inflammation, Varicose veins, Recent fracture, Hernia if any other conditions that may restrict treatment. If **Yes** please state

Is there any part of the body that is especially tight or restricted?

Please state any illness, injury or pain that may affect you during the treatment.

I am aware that I, the client, MAY feel some slight discomfort directly after or/and for the next few days as a result of today's treatment.

Clients Signature: _____