

Unwind Sessions Referral Form

Please complete this questionnaire with as much detail as possible to enable us to provide appropriate treatment

(Your personal information is kept confidential according to the Data Protection Act and will be used to enable therapists to adapt the treatment to service users needs)

Name of Referrer		Date of referral	
Name of Organisation, email & phone No		Reason for referral	
Recommended Therapy Please tick ✓	Massage	Reflexology	Reiki
Venue Please tick ✓	ADKC W10 6SB	SMART SW10 0JN	

Name of Referee		Address & Phone No	
Date of Birth		Gender	

Please put a cross beside any condition/symptom the referee currently has or had in the past.

Allergies		Haemophilia	
Asthma/COPD		Heart problems	
Arthritis/joint problems		High/low blood pressure	
Athletes Foot/ Fungal Infection (Feet)		Liver /digestive problems	
Blood disorders		Metal pins/Plates	
Diabetes		Neck /Shoulder/Back pain	
Drug/alcohol addiction		Operations/injuries recent Or past	
Epilepsy		Skin disorders	
Other long term condition			
Other long term condition		Please specify:	
Prescription Meds			
Awaiting treatment or test results for any condition mentioned		Please specify:	

Presence of any of the conditions below, mean that a potential service user may not be able to receive a therapy.

Diarrhoea or vomiting (no therapy till 72 hrs after you are better)		Scar Tissue (2 years for major operation and 6 months for a small)	
Fever (no therapy till 72 hrs after you are better)		Cancer: with consultant letter	
Pregnancy 1 st trimester (ok after 3 months if normal pregnancy)		Deep vein Thrombosis – GP Letter post treatment	
Recent Fractures (minimum 3 months)		Undiagnosed lumps or bumps	

Please note: each person may have 6 sessions. One treatment = one session, any treatment at either venue.

Please complete this form and email to info@smartlondon.org.uk.