

## Body Therapy Consultation Form

Name: \_\_\_\_\_ Competitor Number: \_\_\_\_\_

*We aim to ensure models have the best possible treatment from our competitors.  
Please read the following information and check off contraindications that apply to you.*

**Are you currently taking any medications?**                      YES                      NO

If yes, please list what medications you are on.

---



---



---



---



---



---

**With respect to your body, please indicate any of the following that may pertain to you.**

| Condition               | YES | NO | Notes |
|-------------------------|-----|----|-------|
| Allergies               |     |    |       |
| Arthritis               |     |    |       |
| Diabetes                |     |    |       |
| Joint Replacement(s)    |     |    |       |
| Low/High Blood Pressure |     |    |       |
| Fibromyalgia            |     |    |       |
| Numbness                |     |    |       |
| Sprains/Strains         |     |    |       |

**With respect to your feet, please indicate any of the following that pertain to you.**

| Condition | YES | NO | Notes |
|-----------|-----|----|-------|
|-----------|-----|----|-------|

|                  |  |  |  |
|------------------|--|--|--|
| Dry Feet         |  |  |  |
| Cracked Skin     |  |  |  |
| Itchiness        |  |  |  |
| Peeling Skin     |  |  |  |
| Skin Fungus      |  |  |  |
| Discolored Nails |  |  |  |
| Thick Nails      |  |  |  |

**With respect to your head/neck, please indicate any of the following that pertain to you.**

| Condition                                       | YES | NO | Notes |
|---|-----|----|-------|
| Cuts/Abrasions                                  |     |    |       |
| Bruising/Swelling                               |     |    |       |
| Skin Conditions (Eczema, Dermatitis, Psoriasis) |     |    |       |
| Contagious Conditions                           |     |    |       |
| Migraines                                       |     |    |       |
| Vertigo   |     |    |       |
| Recent head/neck injuries                       |     |    |       |

*I have answered all the above questions to the best of my knowledge.*

Model signature:

---