



Sports Therapist & Fitness Coach

PRINT & Fill Out Before Appointment.

About your therapist:	Name: Robbie Edwards Qualification: Sports Therapist BSc (Hons) University of Kent Current Associates: Balmoral Hotel, Edinburgh
How did you find out about us?(please circle)	Word of mouth Google Website Balmoral Hotel,Edinburgh Scottish Field Magazine Visit Scotland Centre Advert Linkedin Other...
First Name:	Second Name:
Address: Gender: Date Of Birth (DOB): Mobile no: Home no:	GP's Address (if known) Emergency contact no ie: (relative,friend)

Email:	
Occupation:	<p>Past/Present Medical History:</p> <p>Medications:</p> <p>Allergies:</p>
<p>Our north-55 Treatment Etiquette's</p>	<p>*****48 hours notice is required for any appointment cancelled, payment will be made in full for any cancelled appointments.</p> <p>*****Late arrivals will only be seen for their remaining treatment times, to keep to our schedule.</p> <p>*****Payment by :Credit Card, Debit Card, Contactless or Cash (paid in full on day or in advance).</p>

<p>Reason For Treatment:</p> <p>Specific Areas To Be Worked:</p>
<p>By signing this document the client provides consent to treatment, accepts that above information is true & accepts that they agree with our treatment etiquette.</p> <p>Client's Signature: _____ Date of Treatment: _____</p>

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