

Bodywork– Security and consent form

This form is designed to ensure your safety, facilitate clear communication, and allow for appropriate support during your session. All information collected is strictly confidential and stored securely. **Please fill out this form carefully and return it to me by email, no later than the day before your appointment.**

Before you start

Which service have you booked?

- ☐ Massage (feet or head / full body) -> please fill-in all sections except section nr. 6
- ☐ Personalised bodywork (reserved to existing clients)

If you have booked Personalised bodywork, have you already received bodywork or a follow-up consultation at ReViva in the last 3 months?

- ☐ Yes ☐ No -> please fill-in all of the sections in this form

If yes, have there been any significant changes to your contact details, health, emotional state, or needs since your last appointment?

☐ I confirm there have been no significant changes to my contact details, health, emotional state, or needs since the last session. → Please complete section 7 only, and return the signed form

☐ There have been changes → Please complete sections 6 and 7, and return the signed form

1. Personal Information *(new clients only)*

Name, Surname:	
Date of birth:	
Preferred pronoun (optional):	

Phone number:	
Email address:	
Emergency contact name and phone number:	

2. Reason for the session

Main reason for your booking? (short answer)

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3. Health history & medical safety

Are you currently taking any medication (including anticoagulants, painkillers, corticosteroids)? ☐ Yes ☐ No

If yes, please specify:

Do you have any allergies or sensitivities (oils, plants, etc.)? ☐ Yes ☐ No

If yes, please specify: _____

Have you ever experienced fainting, dizziness, or adverse reactions during massage or body therapies ? ☐ Yes ☐ No

Current conditions (check all that apply):

- ☐ Pregnancy
- ☐ Menstruation likely to happen on the day of the appointment
- ☐ Persistent fatigue
- ☐ Heaviness during digestion, less appetite than usual
- ☐ Significant sinus congestion
- ☐ Dizziness, difficulty concentrating, migraines
- ☐ Recent surgery or injury (within the last 3 months): _____
- ☐ Skin condition (rash, infection, open wound, fungal infection)
- ☐ Oedema (unusual swelling)
- ☐ Varicose veins
- ☐ Thrombosis, thrombophlebitis, or serious acute circulatory disorders
- ☐ Infection, fever, acute pain or inflammation
- ☐ Significant joint stiffness
- ☐ *None of the above*

4. Current emotional state

Have you recently gone through an emotionally intense event or period (bereavement, significant stress, life change) that could affect your session?

☐ Yes ☐ No ☐ I prefer not to answer

How would you describe your general emotional state lately?

- ☐ Fairly stable and calm
- ☐ Variable or shifting
- ☐ Intense (irritability, agitation, anger, nervousness)
- ☐ Emotional fatigue or a sense of being overwhelmed
- ☐ *I prefer not to answer*



5. Consent, touch & session safety

Pressure you generally find comfortable :

☐ Light ☐ Medium ☐ Firm ☐ Variable ☐ *I prefer not to answer*

Guidance & communication during the session. What puts you most at ease:

- ☐ A clear framework set out from the start
- ☐ Occasional verbal check-ins (e.g. pressure, comfort, pace) during the session
- ☐ Minimal explanations or check-ins, unless I ask
- ☐ *I'm not sure yet*

Ajustements & régulation. Pendant la séance, il est possible que :

- ☐ I may need pauses or adjustments mid-session
- ☐ Sensations or emotions may arise without my needing to comment on them
- ☐ I would simply prefer to let myself be carried by the session
- ☐ *I'm not sure yet*

6. Changes since the last session

Please note any significant changes to your contact details, health, emotional state, or needs:

7. Final declaration – Health, consent & session framework

*I understand that the services provided are Ayurvedic bodywork practices and **do not under any circumstances replace medical supervision, diagnosis, or treatment.***

*I confirm that I have read the contraindications indicated on the website, and **I undertake to contact the practitioner in the event of any sudden change in my state of health**, so that the session may be adapted or postponed if necessary.*

I understand the importance of hydration, rest, and observing any reactions following the session, and I undertake to contact the practitioner in the event of any unusual reaction.

I confirm that the information provided in this form is accurate to the best of my knowledge, and I freely consent to receiving the bodywork as described.

Date : _____

Signature : _____



Réservé à la praticienne

Observations générales lors de la séance

Type de soin préconisé : _____

Intention, toucher et rythme : _____

Dosha visé : _____

Dhatu visé : _____

Koshta visé : _____

