



Purple Dawn Healing

Personal Details

Date: 31.08.16

Your personal information is kept strictly confidential and only used for contact purposes.

Name: Dr / Mr / Mrs / ~~Miss~~ / Ms AMY BUFFIER DOB: 12.01.85

Address: 28 COLYER ST, CROOKWELL NSW 2583

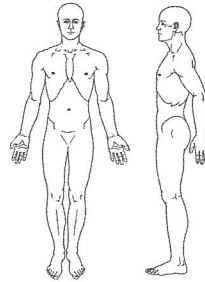
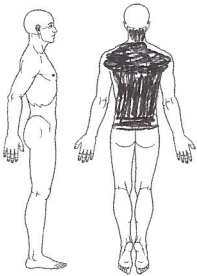
Phone: (daytime) 0457328135 Occupation: GARDENER Email: amy.buffered@bigpond.com

I am grateful that my business grows by referral. Were you referred by anyone? YES

☒ Friend ☐ Family ☐ Facebook ☐ Website ☐ Other (Please specify)? _____

Area of Discomfort or Concern

Please mark on the diagrams below any areas of discomfort or concern.



When did you first notice the problem?
What were you doing?

ONGOING
OCCUPATION + TENSION.

What makes your symptoms better?

VICKS VAPOUR RUB, HOT WATER BOTTLE, LAVENDER OIL,
STRETCHING, SLEEP.

What makes your symptoms worse?

OVERUSING, NOT STRETCHING + STOPPING ENOUGH, OCCUPATION.

Medical History

Do you have or have you ever had:

A serious injury
(MVA, sporting, fall, accident)

☒ Yes / ☐ No MVA

Spinal Disorder

Yes / ☒ No

Recent surgery

Yes / ☒ No

Medical condition

Yes / ☒ No

Allergies (particularly nuts/oils)

☒ Yes / ☐ No HAYFEVER

Asthma

☒ Yes / ☐ No

Headaches

☒ Yes / ☐ No

Blood pressure (please circle)

Low ☒ Normal ☐ High

Are you currently taking any medication (please list): ANTIHISTAMINE, NASAL DECONGESTANT

Are you having treatment for any injury or ailment at present? NO

Are you pregnant? Yes / ☒ No

In line with privacy laws you must give your consent if we are to contact you by mail. Please indicate your preference.

☒ DO / ☐ DO NOT consent to be contacted by mail with information relevant to my care.

Fees are to be paid on the day of service, unless prior arrangements are made

Name: AMY BUFFIER Signed: ABuffer

Date: 31.08.16