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RELAX INDULGE ENJOY

Consultation Form

Personal Details

Name: Nicola Filardi Address: 142 St Stephens Cres Tapping
Phone: (Home)_____(Mobile): 0421925568 Email: SGfilardi@bigpond.com
Date of Birth: 19/9/81 Do you know the time of your birth? 6:30 Location: NZ
Occupation: Therapy Assistant Hobbies: _____
Next of Kin/Emergency Contact (Full Name): Steven Phone/Email: 0407772751

Health Details:

Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.):_____
Medication in use (for example, steroids, HRT etc.): Diabetes, thyroid, antipsychotics.
Are you Pregnant? N/A or Y/N Due Date NO

Health Conditions/Symptoms – please tick

High/low blood pressure		Diabetes	✓	Other conditions (Please specify)
Cancer		Epilepsy		
Respiratory conditions	✓	Contagious skin conditions		
Heart Conditions		Recent Pregnancy		
High Cholesterol		Varicose Veins		
Thyroid	✓	Allergies		
Thrombosis/Phlebitis		Poor Circulation		
Digestive problems		Kidney/bladder		
Stress		Arthritis/rheumatism		
Emotional Problems	✓	Menstruation Problems	✓	
Depression	✓	Infertility		
Insomnia	✓	Hormonal Problems		
Migraine/Headaches		Fluid Retention		
Backache		Cellulite		
Other Conditions		Overweight	✓	

Lifestyle/Diet – please circle Y/N and describe details, if possible.

Smoking Y/N – how often?		PAST 12HRS (if applicable)	
Exercise Y/N – how often?	Daily	Fever	Y/N
Alcohol Y/N – how often		Diarrhoea	Y/N
Water Y/N – how much per day?		Vomiting	Y/N
Tea Y/N how much per day?		Contagious Illness	Y/N
Coffee Y/N – how much per day?		Under influence drugs/alcohol	Y/N
Vegetarian/Vegan Y/N		Others not mentioned	

Formal Consent

I understand that the services received today, Massage Therapy, Beauty Therapy, I receive is provided for the basic purpose of relaxation, stress reduction and muscular tension and most important pure enjoyment. I further understand that the massage, skin treatment, and any other aspects relating to today's treatment should not be construed as substitute for medical examination, diagnosis, or treatment in any manner. The treatments performed today do not take the place of medical treatment where needed. If you are in doubt, please consult your doctor or physician.

Date: 1/6/24 Name: Nicola Filardi Signature: _____

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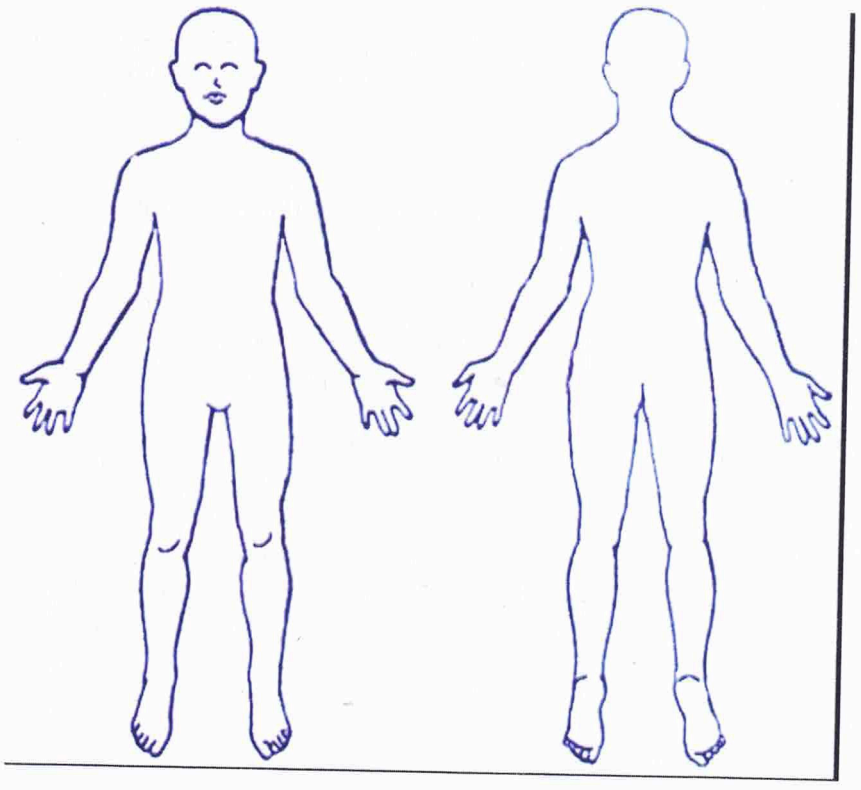
RELAX INDULGE ENJOY

Physical Assessment (Office ONLY)

Main Observations(Office ONLY)



Consultation Form – Notes (Office ONLY)

Name:_____ **Address:**_____

2/8/24- Notes in my appt