A GOOD THERAPIST

Personal Details

Name: Kerrie Prior Address: 15 Lilac Place, Dianella

Phone: (Home)_____(Mobile): 0424242530 Email:_____

Date of Birth: 5/3/80

If doing Astrology reading - Do you know the time of your birth? _____ Location: _____

Occupation:_____ Hobbies: _____

Next of Kin/Emergency Contact (Full Name): Andrew Prior Phone/Email:_____

What is your private health fund? _____

Health Details:

- Reason for Treatment (relaxation, sports injury, muscle soreness etc.): Relaxation
  Medication in use (for example, steroids, HRT etc.):_____
- Are you Pregnant? If Yes please inform due date NO
- Health Conditions/Symptoms – please mark in the Past or Current section with a X

Condition/Symptoms	Past	Current	Condition/Symptoms	Past	Current
High/low Blood Pressure			Contagious skin conditions		
Cancer			Varicose Veins		
Respiratory Conditions			Allergies (please specify)		
Heart Conditions			Menstruation Problems		
High Cholesterol			Infertility		
Thyroid		✓	Hormonal Problems		
Thrombosis/Phlebitis			Fluid Retention		
Digestive Problems			Depression		
Kidney/Bladder			Insomnia		
Epilepsy			Migranes		
Arthritis (Osteoarthritis)			Back or neck aches		
Rheumatoid Arthritis			Other (please specify)		
Weight Problems					

General:

Smoking Y/(N)

Exercise (Y)N – how often 4x week

Alcohol intake (Y)N – how much rarely

Water intake (Y)N – how much 2 litres

Tea/Coffee Y/N – how many per day 1

Past 12hrs (if applicable)

Fever Y/N

Diarrhea Y/N

Vomiting Y/N

Under drug influence Y/N

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