

Personal Details

Name: Kervie Dans
Name: Kerrie Prior Address: 15 Lilac Place, Dieveller (Mobile): 92422553
Date of Birth: 5/5/80 Email:
If doing Astrology reading a
If doing Astrology reading - Do you know the time of your birth?Location: Occupation:Hobbies:
Next of Kin/Emergency C
Next of Kin/Emergency Contact (Full Name): <u>A</u> かん かい Phone/Email:Phone/Email:
Health Details:
Reason for Treatment ()
 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 Health Conditions/Symptoms
Health Conditions/Symptoms – please mark in the Past or Current section with a X Condition/Symptoms — Past — Current Section with a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With a X Condition/Symptoms — Past — Current Section With A X Condition/Symptoms — Past — Current Section With A X Condition/Symptoms — Past — Current Section With A X Condition/Symptoms — Past — Current Section With A X Condition/Symptoms — Past — Current Section With A X Condition/Symptoms — Past — Current Section With A X Condition/Symptoms — Past — Current Section With A X Condition/Symptoms — Past — Current Section With A X Condition With A X
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Condition/Symptoms High/low Blood Pressure	Past	Current	Condition/Symptoms	Past	0
Cancer			Contagious skin conditions	rasi	Current
Respiratory Conditions			Varicose Veins		-
Heart Conditions			Allergies (please specify)	_	
High Cholesterol			Menstruation Problems		-
Thyroid		~	Infertility	+	_
Thrombosis/Phlebitis			Hormonal Problems		
Digestive Problems			Fluid Retention		
Kidney/Bladder			Depression		
Epilepsy			Insomnia		
Arthritis (Osteoarthritis)			Migranes		
Rheumatoid Arthritis			Back or neck aches		
Weight Problems			Other (please specify)		
General:					
Smoking YA					
Exercise N - how often	Ux wee	IC			
Alcohol intake N − how	much vo	ela			
Water intake N - how m	nuch 2	ines			
Tea/coffee Y/N - how ma	nv ner dav	, \			
Past 12hrs (if applicable)	ily per day	,			
Fever Y/N					
Diarrhea Y/N					
Vomiting Y/N					
Under drug influence Y/N					



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Name: Nervie Prior Address: 15 Lilac Place, Dievella. Phone: (Home) (Mobile): 2424 242 530 Email:
Occupation: Hobbies: Next of Kin/Emergency Contact (Full Name): Occupation: Oct 26 and 27 and 28 and 29
Next of Kin/Emergency Contact (Full Name): △〜シャン Phone/Email: What is your private health fund?
Health Details:
• Reason for Treatment (relaxation, sports injury, muscle soreness etc.):
Medication in use (for example, steroids, HRT etc.):
 Are you Pregnant? If Yes please inform due date Health Conditions/Symptoms – please mark in the Past or Current section with a X

Cancer Respiratory Conditions Heart Conditions High Cholesterol Thrombosis/Phlebitis Digestive Problems Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Reheumatoid Arthritis Weight Problems General: Smoking YN Exercise N – how much Water intake N – how many per day Digerriva YN Diarrhea Y/N Contagious skin conditions Varicose Veins Allergies (please specify) Menstruation Problems Menstruation Problems Hendritisy Menstruation Problems Fluid Retention Depression Insomnia	Condition/Symptoms	Past	Current	Condition/Symptoms	Past	Current
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Tea/coffee Y/N – how many per day Past 12hrs (if applicable) Fever Y/N Diarrhea Y/N	Water intake(VA) - how m	uch 2 V	tres			
Past 12hrs (if applicable) Fever Y/N Diarrhea Y/N						
Fever Y/N Diarrhea Y/N		y per day				
Diarrhea Y/N						
Vamiting V/N						
Vomiting Y/N Under drug influence Y/N						