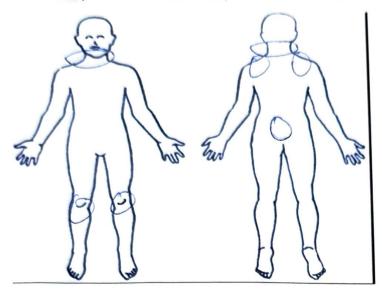


Personal Details					
Name: Lindy Jani	\$	A	ddress: 81 Allenswoo	d voad	Greeno
Phone: (Home) (I	Mobile): 0	4282870	17 Email: LINDAR J	JARVII (a	omail a
Date of Birth: 21-08-81	. –				
		w the time o	of your birth? Location	n.	
Occupation:	Hobbie	es:	1 1 1		
Next of Kin/Emergency Conta	ct (Full Na	ame): <u>5</u> t	Phone/Email:	7. 2. 7.	
What is your private health fun	d? Buy	2A			
Health Details:	6-				
Reason for Treatment	(relaxation	n sports ini	ury, muscle soreness etc.):		
Medication in use (for	example,	steroius, mr	XI		
etc.): Citralyam					
<ul> <li>Are you Pregnant? If Y</li> </ul>	'es please	inform due	dateNO		
<ul> <li>Health Conditions/Sym</li> </ul>	ptoms - p	olease 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	1	
High Cholesterol			Infertility		
Thyroid			Hormonal Problems		
Thrombosis/Phlebitis			Fluid Retention		
Digestive Problems			Depression	Yes	Yes
Kidney/Bladder			Insomnia		
Epilepsy			Migranes	Yes	Sometimes
Arthritis (Osteoarthritis)			Back or neck aches	Yes	Yes
Rheumatoid Arthritis			Other (please specify)		
Weight Problems		Yes			
General:					
Smoking Y/N					
Exercise Y/N – how often					
Alcohol intake Y/N – how r					
Water intake Y/N – how mi					
Tea/coffee Y/N – how many per day					
Past 12hrs (if applicable) Fever Y/N					
Diarrhea Y/N					
Vomiting Y/N					
Under drug influence Y/N					



**Physical Observations** 

Please mark any areas of tension, or that you are experiencing pain and discomfort in the diagram below:



## Formal Consent

I understand that the services received today, Massage Therapy, Remedial Massage, 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.

Client's Name: Linux Jans. Client's Signature: \_

Date: 23/12/24.