



A GOOD THERAPIST

Personal Details

Name: Bella Poilly Address: 10 spyglass hill balljura
Phone: (Home) _____ (Mobile): 0475920249 Email: BellaPoilly@gmail.com
Date of Birth: _____
If doing Astrology reading - Do you know the time of your birth? 2:15pm Location: Perth gangry
Occupation: Student Hobbies: Karate & Sleep
Next of Kin/Emergency Contact (Full Name): Mum Phone/Email: 0407503049
What is your private health fund? HBF

Health Details:

- Reason for Treatment (relaxation, sports injury, muscle soreness etc.): ~~muscle~~ muscle soreness
- 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

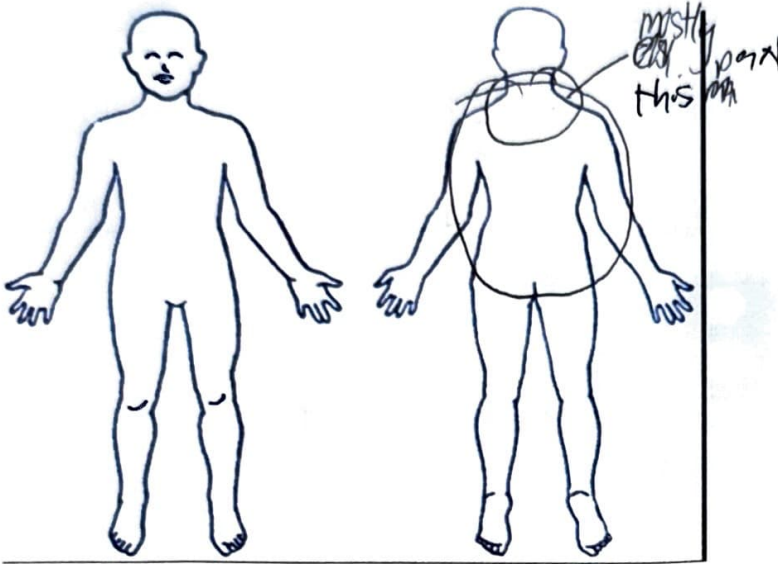
Condition/Symptoms	Past	Current	Condition/Symptoms	Past	Current
High/low Blood Pressure			Contagious skin conditions		
Cancer			Varicose Veins		
Respiratory Conditions			Allergies (please specify)		
Heart Conditions			Menstruation Problems		X
High Cholesterol			Infertility		
Thyroid			Hormonal Problems		
Thrombosis/Phlebitis			Fluid Retention		
Digestive Problems			Depression		
Kidney/Bladder			Insomnia		
Epilepsy			Migranes		X
Arthritis (Osteoarthritis)			Back or neck aches		X
Rheumatoid Arthritis			Other (please specify)		
Weight Problems					
General:					
Smoking Y/N <u>N</u>					
Exercise Y/N – how often <u>weekdays</u>					
Alcohol intake Y/N – how much					
Water intake Y/N – how much <u>2L</u>					
Tea/coffee Y/N – how many per day					
Past 12hrs (if applicable)					
Fever Y/N <u>N</u>					
Diarrhea Y/N <u>N</u>					
Vomiting Y/N <u>N</u>					
Under drug influence Y/N <u>N</u>					



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Physical Observations

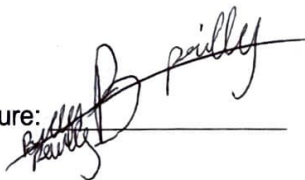
Please mark any areas of tension, or that you are experiencing pain and discomfort in the diagram below:



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: Bella Poilly

Client's Signature: 

Date: 07/07/11