



A GOOD THERAPIST

Personal Details

Name: Rachael Paddy Address: 10 Spigglass Hill Bellaghy
 Phone: (Home) _____ (Mobile): 0407 503049 Email: rahaepaddy@gmail
 Date of Birth: 16.1.1975
 If doing Astrology reading - Do you know the time of your birth? _____ Location: East Pentk
 Occupation: Manager Hobbies: movies outside, Horses
 Next of Kin/Emergency Contact (Full Name): Daniel Paddy Phone/Email: _____
 What is your private health fund? HBF

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	X	
High Cholesterol			Infertility		
Thyroid			Hormonal Problems		
Thrombosis/Phlebitis			Fluid Retention		
Digestive Problems			Depression		
Kidney/Bladder			Insomnia		X
Epilepsy			Migranes		
Arthritis (Osteoarthritis)			Back or neck aches	X	X
Rheumatoid Arthritis			Other (please specify)		
Weight Problems		X			
General: Smoking Y(N) Exercise Y(N) - how often Alcohol intake Y(N) - how much <u>weekly</u> Water intake Y(N) - how much <u>daily</u> 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)					