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Name: Roctoral Poully Address: 10 Socialos Hull Ballacong
Name: Ractual Poilly Address: 10 Spiglass Hill Ballaguig Phone: (Home) (Mobile): 0407503049 Email: ractual pollucia qual
Date of Birth: 16-1: 1075
If doing Astrology reading - Do you know the time of your birth? Location: East Pett
Occupation: Marager Hobbies: Movies outside, Hotses
Occupation: Marager Hobbies: Movies outside, Horses. Next of Kin/Emergency Contact (Full Name): Dornel Poully Phone/Email:
What is your private health fund? <u>LBF</u>
Health Details:
Reason for Treatment (relaxation, sports injury, muscle soreness etc.): 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

High/low Blood Pressure Cancer Respiratory Conditions Heart Conditions High Cholesterol Thyroid Thrombosis/Phlebitis Digestive Problems Kidney/Bladder Epilepsy Contagious skin conditions Varicose Veins Allergies (please specify) Menstruation Problems Infertility Hormonal Problems Fluid Retention Depression Insomnia Migranes	\(\forall \)
Cancer Respiratory Conditions Heart Conditions High Cholesterol Thyroid Thrombosis/Phlebitis Digestive Problems Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis General: Varicose Veins Allergies (please specify) Menstruation Problems Infertility Hormonal Problems Fluid Retention Depression Insomnia Back or neck aches Cother (please specify)	*
Respiratory Conditions Heart Conditions High Cholesterol Thyroid Thrombosis/Phlebitis Digestive Problems Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis General: Allergies (please specify) Menstruation Problems Infertility Hormonal Problems Fluid Retention Depression Insomnia Migranes Back or neck aches Cother (please specify)	×
Heart Conditions High Cholesterol Thyroid Thrombosis/Phlebitis Digestive Problems Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis General: Menstruation Problems Infertility Hormonal Problems Fluid Retention Depression Insomnia Migranes Back or neck aches Other (please specify)	*
High Cholesterol Thyroid Thrombosis/Phlebitis Digestive Problems Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis General: Infertility Hormonal Problems Fluid Retention Depression Insomnia Back or neck aches Other (please specify)	X
Thyroid Hormonal Problems Thrombosis/Phlebitis Fluid Retention Digestive Problems Depression Kidney/Bladder Insomnia Epilepsy Migranes Arthritis (Osteoarthritis) Back or neck aches Rheumatoid Arthritis Weight Problems General:	×
Thrombosis/Phlebitis Digestive Problems Digestive Problems Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis General: Fluid Retention Depression Insomnia Back or neck aches Cother (please specify)	*
Digestive Problems Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis Weight Problems General: Depression Insomnia Migranes Back or neck aches Other (please specify)	×
Kidney/Bladder Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis Weight Problems General: Insomnia Migranes Back or neck aches Other (please specify)	X
Epilepsy Arthritis (Osteoarthritis) Rheumatoid Arthritis Weight Problems General: Migranes Back or neck aches Other (please specify)	X
Arthritis (Osteoarthritis) Rheumatoid Arthritis Weight Problems General: Back or neck aches Other (please specify)	
Rheumatoid Arthritis Weight Problems General: Other (please specify)	
Weight Problems General:	X
General:	
Smoking Y(N)	
Exercise Y/N how often	
Alcohol intake Y)N - how much week (s)	
Alcohol intake YN – how much weekles Water intake YN – how much & doubt	
Tea/coffee //N – how many per day	
Past 12hrs (if applicable)	
Fever Y(N)	
Diarrhea Y®	
Vomiting Y/N	
Under drug influence Y(N)	