



A GOOD THERAPIST

Personal Details

Name: MICHELLE FREDERICKS Address: 114 BIRKETT ST BEDFORD
Phone: (Home) — (Mobile): 040 330 3260 Email: squirt126@hotmail.com
Date of Birth: 26/3/1980
If doing Astrology reading - Do you know the time of your birth? — Location: —
Occupation: ACCOUNTANT Hobbies: —
Next of Kin/Emergency Contact (Full Name): DUSTIN ARMSTRONG Phone/Email: 040 974 6398
What is your private health fund? HBF

Health Details:

- Reason for Treatment (relaxation, sports injury, muscle soreness etc.): 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		
High Cholesterol			Infertility		
Thyroid			Hormonal Problems		
Thrombosis/Phlebitis			Fluid Retention		
Digestive Problems			Depression		
Kidney/Bladder			Insomnia		
Epilepsy			Migranes		
Arthritis (Osteoarthritis)			Back or neck aches		
Rheumatoid Arthritis			Other (please specify)		
Weight Problems					
General:					
Smoking <u>Y</u> <u>N</u>					
Exercise <u>Y</u> <u>N</u> – how often <u>3 x week</u>					
Alcohol intake <u>Y</u> <u>N</u> – how much <u>2 x week</u>					
Water intake <u>Y</u> <u>N</u> – how much <u>every day x 1L</u>					
Tea/coffee <u>Y</u> <u>N</u> – how many per day <u>2</u>					
Past 12hrs (if applicable)					
Fever <u>Y</u> <u>N</u>					
Diarrhea <u>Y</u> <u>N</u>					
Vomiting <u>Y</u> <u>N</u>					
Under drug influence <u>Y</u> <u>N</u>					