Consultation Form

Personal Details

Name: Janet Aghdassi Address: 7 Boronia Trail Cranbourne

Phone: (Home)_____(Mobile): 0430512979 Email: j.aghdassi@gmail.com

Date of Birth: 27/04/69 Do you know the time of your birth? NO Location: IRAN

Occupation:_____ Hobbies: _____

Next of Kin/Emergency Contact (Full Name): Behnoosh VAHDAT Phone/Email: _____

Health Details:

Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.): joint pain

Medication in use (for example, steroids, HRT etc.): Cannabis oil for pain management

Are you Pregnant? N/A or Y/N Due Date_____

Health Conditions/Symptoms – please tick

High/low blood pressure		Diabetes		Other conditions (Please specify)
Cancer		Epilepsy		Connective Tissue disease
Respiratory conditions		Contagious skin conditions		Systemic Sclerosis
Heart Conditions		Recent Pregnancy		
High Cholesterol		Varicose Veins		
Thyroid		Allergies		
Thrombosis/Phlebitis		Poor Circulation		
Digestive problems	✓	Kidney/bladder		
Stress	✓	Arthritis/rheumatism		
Emotional Problems		Menstruation Problems		
Depression	✓	Infertility		
Insomnia		Hormonal Problems		
Migraine/Headaches		Fluid Retention	✓	
Backache		Cellulite		
Other Conditions	✓	Overweight	✓	

Lifestyle/Diet – please circle Y/N and describe details, if possible.

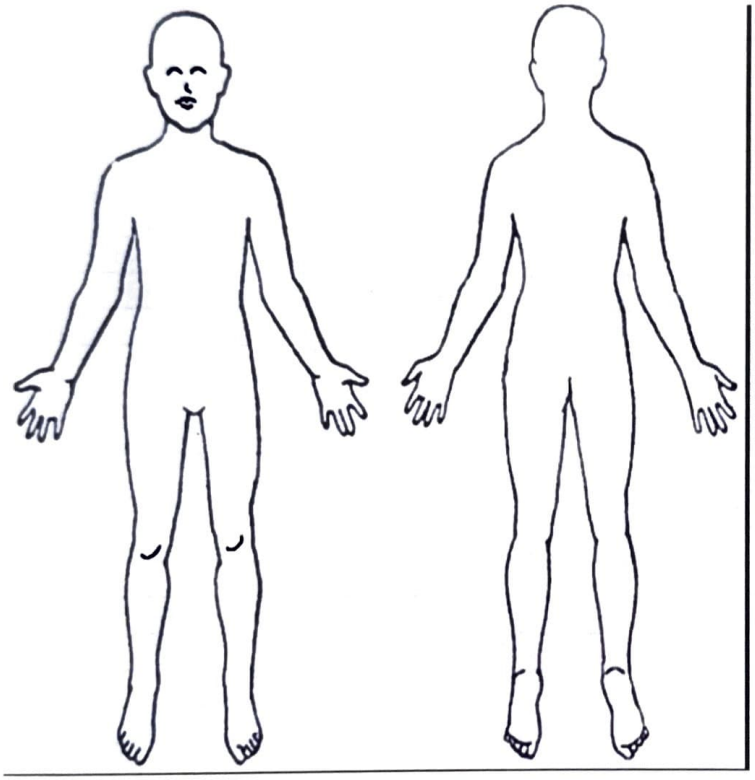
Smoking Y/N – how often?	Y 15 a day	PAST 12HRS (if applicable)	
Exercise Y/N – how often?	N	Fever	Y/(N)
Alcohol Y/N – how often	rarely	Diarrhoea	Y/(N)
Water Y/N – how much per day?	½ ltr	Vomiting	Y/(N)
Tea Y/N how much per day?		Contagious Illness	Y/(N)
Coffee Y/N – how much per day?	3-4 cups	Under influence drugs/alcohol	Y/(N)
Vegetarian/Vegan Y/N	N	Others not mentioned	

Formal Consent

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

Date: 15/6/20 Name: Janet Aghdassi Signature: _____

Physical Assessment (Office ONLY)



Main Observations(Office ONLY)

Hx Scleroderma diagnosed 3 – 4 years ago.
c/o symptomatic relief

IA = ROM WNL
S WNL (bl)
N WNL (bl)
E/wrist WNL (R) Limited due pain

Flex/Ext trunk limited due (P)
Knee Flex/Ext WNL
Ankle All movs WNL
(P)(L) ankle/foot (P) w/ weight bearing sitting/standing make worse.
– No allergies

Consultation Form – Notes (Office ONLY)

Name: Janet Aghdassi **Address:** 7 Boronia Tr, Canning Vale

15-06-2020 Full body remedial massage, mostly MFR & joint mobilisation grade 3. Cannabis oil is what the client use to help w/ pain. Massage normal water based massage oil.

Client is a smoker & sedentary. Recommended support groups for her condition & definitely assistance on quit smoking. She was not happy when mentioned stop smoking.

QUESTIONS	Y/N	IF Yes, please give the date and brief explanation
1. Have you travelled international or interstate in 14 days prior to illness onset?	N	
2. Were you in a recent cruise ship passenger or crew in 14 days prior to illness onset?	N	
3. Have you been in contact with confirmed or probable COVID19 case in the past 14 days?	N	
4. Have you been sick, with the cold, influenza, pneumonia or any respiratory condition in the past 14 days?	N	
5. Signs and Symptoms: a. Cough b. Fever c. Headaches d. Shortness of breath e. Sore throat	N	
6. Is there any additional information you could let our therapists know in relation to COVID?	N	
7. Since the restrictions have been relaxed, are you happy for our therapists to not wear gloves, but keep ultima hygiene with hand washing between clients and use of hand sanitiser?	Y	

Full name: Janet Aghdassi

Client Signature: 

Date: 15,06,20