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RELAX INDULGE ENJOY

## Consultation Form

### Personal Details

Name: Fernando Baptista Address: 18 Romano Crescent Iuka  
Phone: (Home) \_\_\_\_\_ (Mobile): 0438979750 Email: fernando.luis.baptista@gmail.com  
Date of Birth: 31.01.86 Do you know the time of your birth? \_\_\_\_\_ Location: South Africa  
Occupation: Accountant Hobbies: \_\_\_\_\_  
Next of Kin/Emergency Contact (Full Name): Eugene Baptista Phone/Email: 0438 588 309

### Health Details:

Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.): \_\_\_\_\_  
Medication in use (for example, steroids, HRT etc.): \_\_\_\_\_  
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	
Respiratory conditions	Contagious skin conditions	
Heart Conditions	Recent Pregnancy	
High Cholesterol	Varicose Veins	
Thyroid	Allergies	
Thrombosis/Phlebitis	Poor Circulation	
Digestive problems	Kidney/bladder	
Stress	<input checked="" type="checkbox"/> Arthritis/rheumatism	
Emotional Problems	Menstruation Problems	
Depression	Infertility	
Insomnia	Hormonal Problems	
Migraine/Headaches	Fluid Retention	
Backache	Cellulite	
Other Conditions	Overweight	<input checked="" type="checkbox"/>

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

Smoking Y/N – how often?	PAST 12HRS (if applicable)
Exercise Y/N – how often?	Fever Y/N
Alcohol Y/N – how often?	Diarrhoea Y/N
Water Y/N – how much per day?	Vomiting Y/N
Tea Y/N how much per day?	Contagious Illness Y/N
Coffee Y/N – how much per day?	Under influence drugs/alcohol Y/N
Vegetarian/Vegan Y/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: 5 / 12 / 21 Name: Fernando Baptista Signature: [Signature]

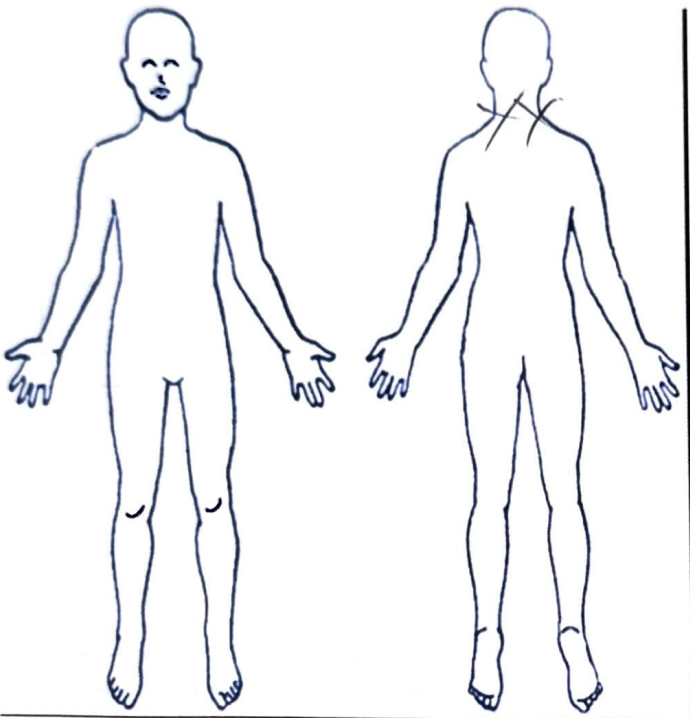




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**Physical Assessment (Office ONLY)**

**Main Observations (Office ONLY)**



Neck (P)

- ROM limited in all directions
- no neuro signs
- No Hx of trauma or issues

**Consultation Form – Notes (Office ONLY)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

5-12-21 - N/sh Rx w/ MAR & TRPs; essentially a spasm on R N area referring to (R) to sh. all released. J

