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RELAX · INDULGE · ENJOY

Consultation Form

Personal Details

Name: MAZ BEST Address: 40 BULIMBA RD, NEDLANDS 6009
Phone: (Home) — (Mobile): 0489372051 Email: mazbest21@gmail.com
Date of Birth: 21/08/1971 Do you know the time of your birth? EVENING Location: SOUTH AFRICA
Occupation: MARKETING Hobbies: DRAWING, READING, WALKS
Next of Kin/Emergency Contact (Full Name): CHRIS GASKELL Phone/Email: _____
Health Details:
Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.): MUSCLE TENSION
Medication in use (for example, steroids, HRT etc.): NONE
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	✓	SAP - TOPICAL
Thrombosis/Phlebitis		Poor Circulation		
Digestive problems		Kidney/bladder		
Stress		Arthritis/rheumatism	✓	LUMBAR SPINE
Emotional Problems		Menstruation Problems		
Depression		Infertility		
Insomnia	✓	Hormonal Problems		
Migraine/Headaches	✓	Fluid Retention		
Backache	✓	Cellulite	✓	TOO MUCH!
Other Conditions		Overweight		

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

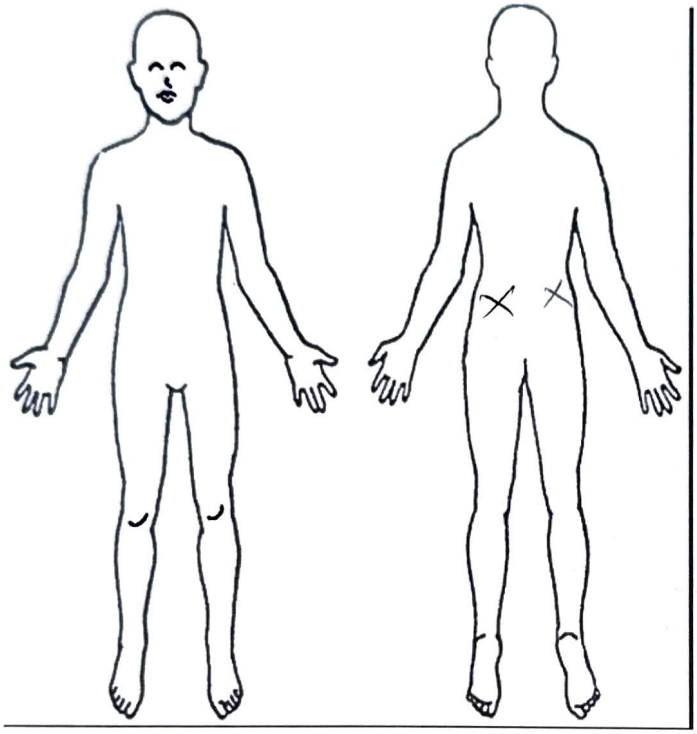
Smoking Y/(N) – how often?		PAST 12HRS (if applicable)	
Exercise (Y)/N – how often?	5 x 30min/week	Fever	Y/(N)
Alcohol (Y)/N – how often	3 days/week	Diarrhoea	Y/(N)
Water (Y)/N – how much per day?	3 litres	Vomiting	Y/(N)
Tea (Y)/N how much per day?	1 cup	Contagious Illness	Y/(N)
Coffee (Y)/N – how much per day?	2 cups	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: 10/06/20 Name: MAZ BEST Signature: _____

Physical Assessment (Office ONLY)



Main Observations(Office ONLY)

Hx of Osteoarthritis & Pain on R Lumbar / SIJ

- FFlex test (+) (R)

Consultation Form – Notes (Office ONLY)

Name: Marilyn Best (Mazi) **Address:** 40 Bulamba Rd, Nedlands.

10-6-20 - FB Treatment; Focus on Lx/SIJ (R) (+) gluteal area; calves & upper body (Traps; scalens; L. Scap (b), Client very relaxed at the end.