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## Consultation Form

### Personal Details

Name: BALTHY Chris Address: 464 SHENTON AVE  
Phone: (Home) \_\_\_\_\_ (Mobile): 09 377 25 977 Email: \_\_\_\_\_  
Date of Birth: 19/07/77 Do you know the time of your birth? / Location: FRANCE  
Occupation: AIRCRAFT ENGINEER Hobbies: \_\_\_\_\_  
Next of Kin/Emergency Contact (Full Name): TRACY McGRATH Phone/Email: \_\_\_\_\_

### Health Details:

Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.): \_\_\_\_\_  
Medication in use (for example, steroids, HRT etc.): N/A  
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	<input checked="" type="checkbox"/> ASPIRIN
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 <u>Y/N</u> – how often?	<u>15 / DAY</u>	PAST 12HRS (if applicable)
Exercise <u>Y/N</u> – how often?	<u>1 WEEK</u>	Fever <u>Y/N</u>
Alcohol <u>Y/N</u> – how often	<u>OFTEN</u>	Diarrhoea <u>Y/N</u>
Water <u>Y/N</u> – how much per day?	<u>EVERY DAY</u>	Vomiting <u>Y/N</u>
Tea <u>Y/N</u> how much per day?		Contagious Illness <u>Y/N</u>
Coffee <u>Y/N</u> – how much per day?	<u>5 DAY</u>	Under influence drugs/alcohol <u>Y/N</u>
Vegetarian/Vegan <u>Y/N</u>		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: 12 / 8 / 17 Name: SALLY MOUNTFORD Signature: S. Mountford



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Notes (Office ONLY)

~~26/08~~ 26/08/2017 - Referred by Tracy McGrath. Two weeks ago Chris ~~was~~ went for a 40-50km bike ride w/ no proper training; Chris also does not stretch.

Assessment: Limited ROM flexion; extension of trunk with referred pain in one location around SIJ.

Muscular (deep tissue & trigger point) has been done but localized pain still remains. Suggested checked because could be bursitis; SIJ inflammation or even injury to the coccyx are from riding.

11/2/18 - ~~Back~~ of the body treatment (Posterior Body Massage) do issues w/ harnessing; LB &  shoulder; remedial work.