Pamper Party
Chatters
29/7/18

Consultation Form

Personal Details

Name: [illegible] Address: 14a Salisbury St, Otterloo [illegible]
Phone: (Home) [illegible] (Mobile): [illegible] Email: [illegible]
Date of Birth: [redacted] Do you know the time of your birth? No Location: Kemu
Occupation: [illegible] Hobbies: Travelling
Next of Kin/Emergency Contact (Full Name): [illegible] Phone/Email: 0403 166 785

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 23/10/18 # 27 weeks

Health Conditions/Symptoms – please tick

				Other conditions (Please specify)
High/low blood pressure		Diabetes		
Cancer		Epilepsy		
Respiratory conditions		Contagious skin conditions		
Heart Conditions		Recent Pregnancy		
High Cholesterol		Varicose Veins		
Thyroid		Allergies	Y	Bees + Wasps
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.

		PAST 12HRS (if applicable)		
Smoking Y/N – how often?	N	Fever	Y/N	N
Exercise Y/N – how often?	Y 3/4 times a wk	Diarrhoea	Y/N	N
Alcohol Y/N – how often	Y 1 glass p/w	Vomiting	Y/N	N
Water Y/N – how much per day?	Y litres	Contagious Illness	Y/N	N
Tea Y/N how much per day?	Y 1 green tea per day	Under influence drugs/alcohol	Y/N	N
Coffee Y/N – how much per day?	N	Others not mentioned		N
Vegetarian/Vegan Y/N	N			

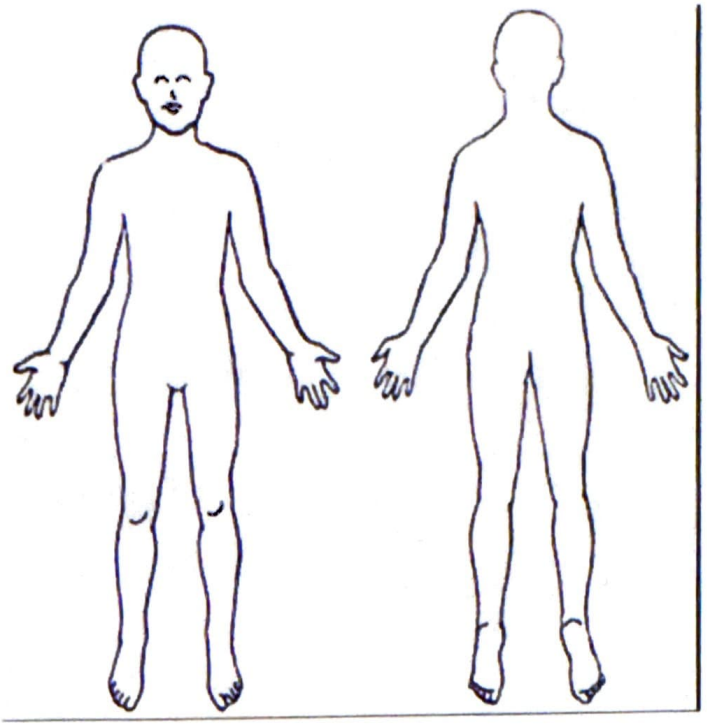
Formal Consent

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: 29/7/18 Name: [illegible] Signature: [signature]

Physical Assessment (Office ONLY)

Main Observations(Office ONLY)



Consultation Form – Notes (Office ONLY)

Name: Janine Borrow **Address:**_____

29-7-18 - 45min treatment - Pamper Party at Cutterwig
25 min massage - 29 weeks pregnant (shoulders & neck & facial