



## A GOOD THERAPIST

### Personal Details

Name: Kunal Lakhevi Address: 7 GARNERS WAY, Burns Beach, 6028  
 Phone: (Home) \_\_\_\_\_ (Mobile): 0424 248815 Email: Kunallakhevi2383@gmail.com  
 Date of Birth: 22/11/83  
 If doing Astrology reading - Do you know the time of your birth? \_\_\_\_\_ Location: Burns Beach  
 Occupation: Comms Specialist Hobbies: Cycling  
 Next of Kin/Emergency Contact (Full Name): Shreya Ghor Phone/Email: 0424 241 885  
 What is your private health fund? HBF

### Health Details:

- Reason for Treatment (relaxation, sports injury, muscle soreness etc.): Muscle tightness  
 Medication in use (for example, steroids, HRT etc.): NA
- Are you Pregnant? If Yes please inform due date NA
- Health Conditions/Symptoms – please mark in the Past or Current section with a X

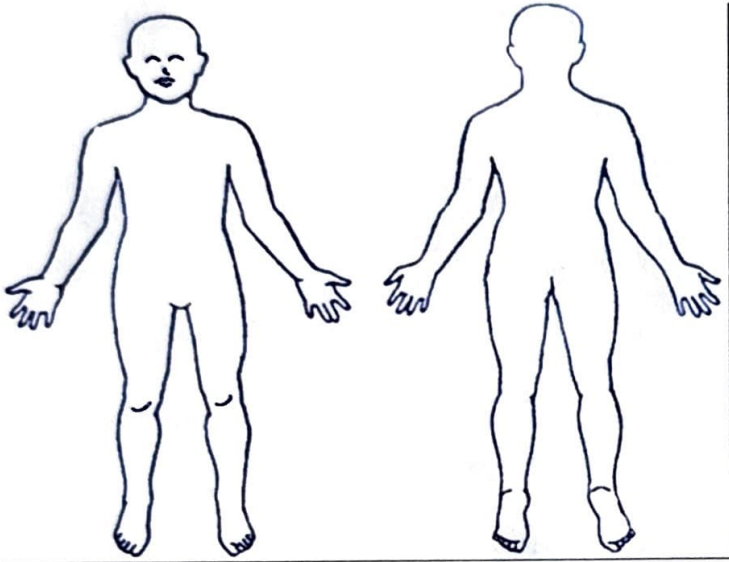
Condition/Symptoms	Past	Current	Condition/Symptoms	Past	Current
High/low Blood Pressure			Contagious skin conditions		
Cancer			Varicose Veins		
Respiratory Conditions			Allergies (please specify)		
Heart Conditions			Menstruation Problems		
High Cholesterol			Infertility		
Thyroid			Hormonal Problems		
Thrombosis/Phlebitis			Fluid Retention		
Digestive Problems			Depression		
Kidney/Bladder			Insomnia		
Epilepsy			Migranes		
Arthritis (Osteoarthritis)			Back or neck aches		✓
Rheumatoid Arthritis			Other (please specify)		
Weight Problems					
General: Smoking Y/N Exercise Y/N – how often <u>multiple times a week</u> Alcohol intake Y/N – how much <u>occasional</u> Water intake Y/N – how much <u>2.5l/day</u> Tea/coffee Y/N – how many per day <u>1 cup</u> <u>Past 12hrs</u> (if applicable) Fever Y/N Diarrhea Y/N Vomiting Y/N Under drug influence Y/N			<u>Muscle tightness legs and lower back.</u>		



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### Physical Observations

Please mark any areas of tension, or that you are experiencing pain and discomfort in the diagram below:



### Formal Consent

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

Client's Name: Kunal LeChoni

Client's Signature: 

Date: 27/03/25.



## **Dry Needling Consent Form**

**It is important clients read and understand the information below:**

### **Possible risks to adverse events (AE's) related to Dry Needling therapy?**

The possible risks to adverse events following Dry Needling treatment include Serious Adverse Events (AE's) Pneumothorax, Cardiac Tamponade & damage to organs (0.04%). Mild or moderate AEs included bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%). Uncommon AEs include aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%). Rare AEs fatigue (0.04%), altered emotions (0.04%), shaking, itching, claustrophobia, and numbness, all 0.01%.

*"Reference: Brady, S et al. Journal of Manual and Manipulative Therapy 2013 VOL. 000 NO. 000 (2013)"*

### **What are the procedures that our clinic has implemented to reduce the above risks?**

- We practice and are compliant with all current safety and health hygiene protocols as recommended by our local authority and professional body
- If dry needling is indicated, prior verbal permission will be obtained
- All Acupuncture needles used for Dry Needling are single-use only, sterile and of the highest quality possible
- We will take a comprehensive case history to rule out any reasons why Dry Needling may not be appropriate for you as a treatment option

### **List of conditions**

The following is a list of conditions that are the most common relative contra- indications to Dry Needling therapy. Please notify your treating practitioner if you have any of the following conditions or you, at a later stage, develop any of these conditions:

- Bloodborne viruses (HIV & Hepatitis B/C) • Recent radiotherapy
- Malignancy
- Haematoma
- Pregnancy
- Diabetes
- Bleeding disorders
- Eczema or psoriasis
- Peripheral neuropathy
- Lowered Immune Function
- Metal Allergies
- Chronic oedema or Lymphoedema
- Recent Axillary & Inguinal Node Dissection
- Open skin wounds or injuries
- Cosmetic or Augmentation Surgery, E.g. Breast, buttock, pectoral & calf

## Withdrawing your consent

You may choose to withdraw your consent to Dry Needling therapy by signing this consent form with the amendment below.

## Treatment of Patients under 18 years of age

It is the policy of this clinic that any patient under the age of 18 must have their parent or legal guardian present during their child's initial consultation. It is strongly recommended that a parent or legal guardian should attend all subsequent appointments. In the case where a parent/legal guardian is unable to attend a child's initial consultation, we will ask the parent/legal guardian to read and sign this consent form before their child's appointment.

## Patient Consent

I request and consent to the performance of treatment on me by my treating practitioner.

I do not expect, unless asked, the treating practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise judgment during the treatment, which they feel at the time, based upon the facts then known, is in my best interests.

I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time. Signing this form does not remove my rights to withdraw from any treatment option my practitioner may offer now or in future.

Konal Lakhani

Client Name



Client Signature

27/03/25

Date/Time

10:35

Daniela U.G. Kurt (ATMS 18906)

Practitioner Name Practitioner



Signature Date/Time