

Kim Whipps

Focus Point Remedial Massage

Personal Information

Mrs	Hana
Middle Name	Smith
Preferred name	0438272420
Ph: Home	Ph: Work
smithyandgirls@gmail.com	19/02/1982
6 Hillside Place	
Thrumster	NSW
	2444
Occupation	<div>Male</div> <div>Female</div> <div>Other</div>

Emergency contact

Ben	Smith
0418618160	Husband

Referral source

How did you hear about this clinic?

Family or Friends	Kate
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Health History

If you have a history of any of the following conditions, please select below.

☐ Heart disease

- ☐ Diabetes
- ☐ Asthma
- ☐ Severe weight loss/gain
- ☒ Headaches
- ☒ Autoimmunity
- ☐ Dizziness
- ☒ Pregnant
- ☐ Cholesterol
- ☒ Severe fatigue
- ☐ Bruise easily
- ☐ Blood pressure
- ☒ Night sweats
- ☐ Skin conditions
- ☐ HIV
- ☐ Epilepsy
- ☐ Thyroid

Health history details

If you answered yes to any of the above questions, please provide further information here.

I suffer from constant headaches and regular migraines, peri menopausal?, always tired, coeliac, x3 daughters (14, 18, 20) all c-sec births.

Surgeries

Please list any surgeries you have had.

C-section x3 (2004, 2006, 2010), hysterectomy 2014 including bladder and hernia repair,

Medicines/supplements

Please list any medications or supplements, including the reasons you are taking them.

Sertraline - depression & anxiety

Exercise

What type of exercise do you do and how often?

Family history

Please list any conditions that run in your family.

Coeliac and git health
issues, migraines,

Allergies

List any Allergies

Current Complaint

What is the reason for your visit?

Migraine, headache and neck tension.

When did the problem begin?

Migraines started around 17-18 years old that I can
remember. I have always had headaches.

What caused the problem?

What relieves your symptoms?

Mersyndol, sleep, heatpack on neck. Migraines average 2-5
days

What aggravates your symptoms?

Stress, fatigue

Have you consulted any other health
professionals about this problem? If
so, please provide details. below.

GP, neurologist

Pain scale

On a scale of 1-10 with 1 being minimal and 10 being maximum pain, how would you rate your
pain?

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sleep quality scale

On a scale of 1-10 with 1 being very poor and 10 being excellent, how would you rate your sleep quality?

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List of test results

Private health fund details

If you have private health insurance that covers you for natural therapies, please provide your details below. Please note, not all practitioners and/or services are eligible for rebates.

Fund name

HCF

Customer/Membership number

49491636

Issue Date

Number on card

02

Card issue number

00

Treatment consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history. I understand that a 50% cancellation fee may apply if I do not provide at least 24 hours notice.

☒ I consent to treatment

☒ I consent to receiving SMS and/or email updates, news & offers

Client Name *

Date

Hana Smith

22/08/2025

☒ I am the client

☐ I am submitting on behalf of the client