



## A GOOD THERAPIST

### Personal Details

Name: Jolie Poilly Address: 10 spy glass Hill  
 Phone: (Home) \_\_\_\_\_ (Mobile): 0474 789 231 Email: JoliePoilly 07 @gmail.com  
 Date of Birth: 31/05/2007  
 If doing Astrology reading - Do you know the time of your birth? 9:30 Location: Perth Warragamba  
 Occupation: Student Hobbies: Horse riding  
 Next of Kin/Emergency Contact (Full Name): Jolie poilly mother Phone/Email: 0474 789 231  
 What is your private health fund? \_\_\_\_\_

### Health Details:

- Reason for Treatment (relaxation, sports injury, muscle soreness etc.): \_\_\_\_\_  
 Medication in use (for example, steroids, HRT etc.): \_\_\_\_\_
- Are you Pregnant? If Yes please inform due date \_\_\_\_\_
- 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 Alcohol intake Y/N – how much Water intake Y/N – how much Tea/coffee Y/N – how many per day Past 12hrs (if applicable) Fever Y/N Diarrhea Y/N Vomiting Y/N Under drug influence Y/N					