

## Consultation Form

### Personal Details

Name: CARLY BERTOLINO Address: 138A FORREST ST  
 Phone: (Home) - (Mobile): 0415 313 894 Email: -  
 Date of Birth: 27/01/1985 Do you know the time of your birth? - Location: USA  
 Occupation: REG MANAGER Hobbies: -  
 Next of Kin/Emergency Contact (Full Name): D. BERTOLINO Phone/Email: 931C 9867

**Health Details:**

Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.): Bole back.  
Medication in use (for example, steroids, HRT etc.): nil  
Are you Pregnant? N/A or Y/N Due Date nil

Health Conditions/Symptoms – please tick

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	✓
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	

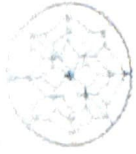
Lifestyle/Diet = please circle Y/N and describe details, if possible.

Smoking Y/N – how often?		PAST 12HRS (if applicable)	
Exercise Y/N – how often?	3 x / week	Fever	Y/N
Alcohol Y/N – how often?	2 / week	Diarrhoea	Y/N
Water Y/N – how much per day?	2-3 l +	Vomiting	Y/N
Tea Y/N how much per day?	3-4 cups	Contagious illness	Y/N
Coffee Y/N how much per day?		Under influence drugs/alcohol	Y/N
Vegetarian/Vegan Y/N		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.

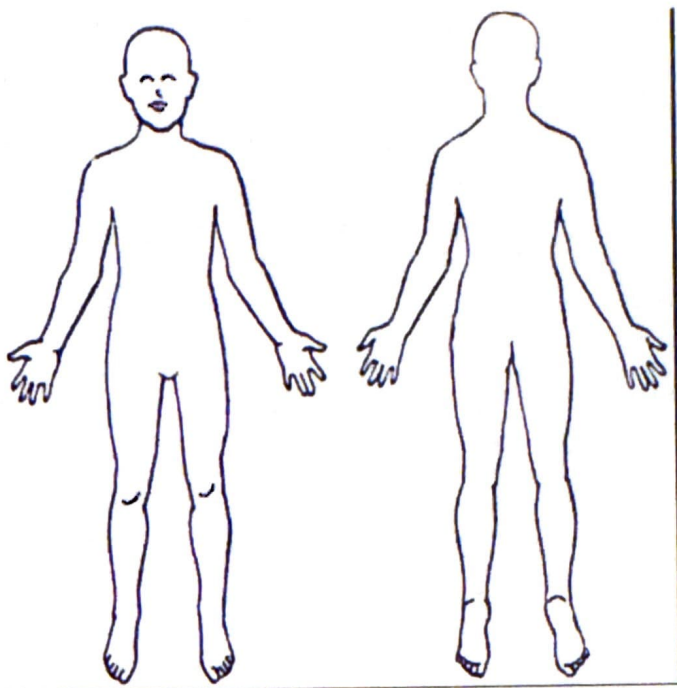
Date: 29/7/18 Name: C. Bestorff Signature: 



IBMT  
INTERNATIONAL BOARD OF  
MASSAGE THERAPY

**Physical Assessment (Office ONLY)**

**Main Observations(Office ONLY)**



**Consultation Form – Notes (Office ONLY)**

Name: Carly Address: \_\_\_\_\_

29/7/18

Pamper Party in Chatterbox - Full body massage.  
Client was had tape in her lower/mid back from  
her chiropractor. Removed the tape to massage.  
FPM + remedial upper back & gluts. D,