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RELAX · INDULGE · ENJOY

Consultation Form

Personal Details

Name: Michelle Hereda Address: 1 Voracios Way, Tapping

Phone: (Home)_____(Mobile): _____ Email:_____

Date of Birth: 29/5/1984 Do you know the time of your birth? _____ Location: _____

Occupation: Property Manager Hobbies: _____

Next of Kin/Emergency Contact (Full Name): _____ Phone/Email: mhereda@outlook.com 0405849169

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 26 OCT 19

Health Conditions/Symptoms – please tick

High/low blood pressure		Diabetes		Other conditions (Please specify)	
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?		Fever	Y/N
Alcohol Y/N – how often		Diarrhoea	Y/N
Water Y/N – how much per day?		Vomiting	Y/N
Tea Y/N how much per day?		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: / / Name:_____ Signature: _____

consent given - next page

MICHELE HEREDI

Address 1

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Consultation Form - Notes

Name: Michelle Heredi **Address:** 1 Vonarcos Way, Tapping

Office Property manageren DoB 29/5/1984

Notes 16/5/19

Consult 17 weeks pregnant Due 26th Oct 19

c/o (R) Lumbar/ gluteal pain 3 year ago

Hx Lumbar pain / Umbilical Hernia - Laparoscopy JAN 19

A - AROM - ↓ Lat flexion / Trunk flexion / Ext limited sharp pain SIJ

SIJ flexion test (R) outflare (L) inflare

Rx: Entire posterior chain myofascial release focus on hamstrings, lumbar & glutes In supine correction of inflare/ outflare. Muscular pain got much better at the end of the treatment but still in pain (pinching) around SIJ (R) when flexing (R) hip. HF released w TPT

Referred by Martina McLeod - Personal Trainer

23-05-19 - Client felt much better after last weeks treatment. Pain significantly decreased. Rx same as last week. Today we have found T/P in shoulders & neck. Suggested next booking 10 days to 2 weeks from today.

31.5.19. Client feeling better but went for a long walk yesterday and the pain around (R) SIJ came back, not as strong as the first session but present. Rx inflare (R)/outflare (L) SIJ correction as well as entire posterior back chain MFR/TPT. (In supine). In addition, TrP to HFs and ant neck. It was her birthday 2 days ago so gave her IB gift.

Consent to massage: Heredi Client shared her fathers / Hx / spiritual.

17/8/19 - Michele has been active but has presented with sciatic
pain on (R); Rx today MFR → PBM (b/l) QLs gluteal group;
HF; TrPs - she felt much better at the end. Suggested see
how she is going before booking next appt