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RELAX INDULGE ENJOY

Consultation Form

Personal Details

Name: Michelle Heredi Address: 1 Vonascos 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: mheredi@outlook.com
0405 84969

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?	Exercise Y/N – how often?	Alcohol Y/N – how often?	Water Y/N – how much per day?	Tea Y/N how much per day?	Coffee Y/N – how much per day?	Vegetarian/Vegan Y/N	PAST 12HRS (if applicable)
							Fever Y/N
							Diarrhoea Y/N
							Vomiting Y/N
							Contagious Illness Y/N
							Under influence drugs/alcohol Y/N
							Others not mentioned

Formal Consent

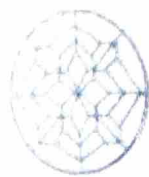
I understand that the services received today, Massage Therapy, Beauty Therapy, I receive is provided for the basic purpose of relaxation, stress reduction and muscular tension and most important pure enjoyment. I further understand that the massage, skin treatment, and any other aspects relating to 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

MICHELLE
HEREDI

Address 1



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RELAX INTO THE FLOW

Consultation Form - Notes

Name: Michelle Heredi

Address: 1 Vonnas Way, Tappan

Office: Property management

DOB 29/5/1984

Notes 16/5/19

Consult: 17 weeks pregnant Due 26th Oct 19

do (R) Lumbar/gluteal pain 3 years ago

Hx Lumbar pain / Umbilical Hernia - Laparoscopy JAN 19

A - ROM - V Leg 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 & gluts. In supine correction of inflared 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 week's treatment. Pain significantly decreased. Rx same as last week. Today we have found TRP 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/outflare SIJ correction as well as entire posterior back chain MFR/HPT. (In supine). In addition, TPT 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 persevered with sciatic
pain on R; R today MFR $\rightarrow$ PBM (b) GLs gluteal group.
Hf TrB - she felt much better at the end. Suggested see
how she is going before booking next appt. 