



Consultation Form

Personal Details

Name: James Hardwick Address: 11 Lowana Cr. Curramore
 Phone (Home): _____ (Mobile): 0419 551 982 Email: jmh02@outlook.com
 Date of Birth: 28/07/1975 Do you know the time of your birth? _____ Location: FITZROY
 Occupation: Supervisor Hobbies: _____
 Next of Kin/Emergency Contact (Full Name): Alicia Joel Phone/Email: 0416 069904

Health Details

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

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	

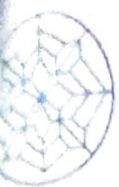
Lifestyle/Diet - please circle Y/N and describe details, if possible

Smoking Y/N - how often?	<u>N</u>	PAST 12HRS (if applicable)	
Exercise Y/N - how often?	<u>4 times a week</u>	Fever	Y/N <u>N</u>
Alcohol Y/N - how often?	<u>4 times a week</u>	Diarrhoea	Y/N <u>N</u>
Water Y/N - how much per day?	<u>15-2 litres</u>	Vomiting	Y/N <u>N</u>
Tea Y/N how much per day?	<u>1</u>	Contagious illness	Y/N <u>N</u>
Coffee Y/N - how much per day?	<u>2</u>	Under influence drugs/alcohol	Y/N <u>N</u>
Vegetarian/Vegan Y/N	<u>NO</u>	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: 7/12/20 Name: J. Hardwick Signature: _____



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RELAX. RECOVER. REJOICE.

Consultation Form - Notes

Name: James Hardwick

Address: 11 Lawara CRT, Currambine

Notes

Rx Neck, shoulder 1(+) Lmt Rom all ranges

Rx no injuries shoulder/arm wnl

Rx medication nothing

walking during work FIFO.

no nerve signs - occasionally

no surgeries/allergies

no contra indications

Rx Remedial Rx on BNS w/ focus on ES, RBs, rotator cuff & neck pain; joint mobilisation g1 PCV on Cx/lower, use of MFR & TAP therapies to release muscles. Improved ROM w/ no pain at the end.

Formal consent: I understand that the services received today remedial massage are provided as basic support & to not be substitute by any medical advice. I further understand this does not replace any medical treatment

name:

James Hardwick

Signature:

Date:

7/12/2020