# Consultation Form

Personal Details

Name: James Hardwick Address: 11 Lowana Cr. Currumbine

Phone (Home) (Mobile) 0418 551 882 Email: jmh07@outlook.com

Date of Birth 18/07/1975 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? | N | | PAST 12HRS (if applicable) | | |
| Exercise Y/N – how often? | Y 4 times a week | | Fever | Y/N | N |
| Alcohol Y/N – how often | Y 4 times a week | | Diarrhoea | Y/N | N |
| Water Y/N – how much per day? | Y 1.5-2 litres | | Vomiting | Y/N | N |
| Tea Y/N how much per day? | Y 1 | | Contagious illness | Y/N | N |
| Coffee Y/N – how much per day? | Y 2 | | Under influence drugs/alcohol | Y/N | N |
| Vegetarian/Vegan Y/N | NO | | 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 7/12/18 Name: J Hardwick Signature:

8

inner blue

**nsultation Form - Notes**

**me:** James Hardwick **Address:** 17 Lawara CRT, Currumbin

**otes**

Hx Neck, shoulder I (+) Cmt Rom all ranges
Hx no injuries shoulder/arm WNL
Hx medication nothing
walking during work FIFO.
no neuro signs - occasionally
no surgeries/allergies
no contraindications
Rx Remedial Rx on BNS w/ focus on ES. RBs; rotator cuff & neck pain; joint mobilisation g1 PCV on Cx/lower, Use of MFR & T/P therapy 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