Andrew Whitebrach (husband)

Consultation Form

Personal Details

Name: Lee-Anne Harlow Address: 9 Chidley Rd, City Beach

Phone: (Home)_____(Mobile): 0402624220 Email: harlowa@iinet.net.au

Date of Birth: 26.12.66 Do you know the time of your birth? every Location: South Perth

Occupation: Homemaker Hobbies: Yoga, reading

Next of Kin/Emergency Contact (Full Name): Andrew Whitebrach Phone/Email: 0414 446 102

Health Details:

Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.): relaxation

Medication in use (for example, steroids, HRT etc.): None.

Are you Pregnant? N/A or Y/N Due Date_____

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?	2/3 x week	Fever	Y/N
Alcohol Y/N – how often	2/3 x week	Diarrhoea	Y/N
Water Y/N – how much per day?	2 litres.	Vomiting	Y/N
Tea Y/N how much per day?	1 cups	Contagious Illness	Y/N
Coffee Y/N – how much per day?	2 cups	Under influence drugs/alcohol	Y/N
Vegetarian/Vegan Y/N		Others not mentioned	

Formal Consent

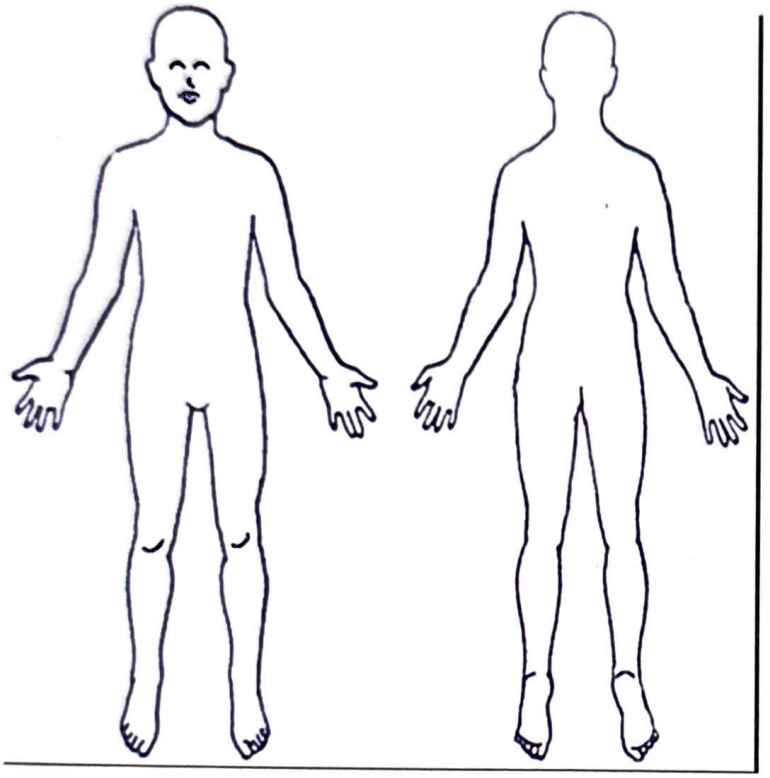
I understand that the services received today, Massage Therapy, Beauty Therapy, I receive is provided for the basic purpose of relaxation, stress reduction and muscular tension and most important pure enjoyment. I further understand that the massage, skin treatment, and any other aspects relating to 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: / / 20/1/18 Name: [redacted] Signature: _____

inner blue

Physical Assessment (Office ONLY)

Main Observations(Office ONLY)



Consultation Form – Notes (Office ONLY)

Name: Leanne Harlow **Address:**_____

20-1-18 . 60mins massage. PBM - client getting married tomorrow (S)

~~28~~ 3/7/20 - 75min Full body relaxation massage. (H)