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RELAX · INDULGE · ENJOY

Consultation Form

Personal Details

Name: CHAIS GASKELL Address: 40 BULIMBA ROAD, NEDLANDS
Phone: (Home)_____ (Mobile): 0413 549426 Email: CHAIS.GASKELL397@GMAIL.COM
Date of Birth: 5/7/1989 Do you know the time of your birth? 8 AM Location: BARNSLEY, UK
Occupation: PORTFOLIO MANAGER Hobbies: CYCLING, GUITAR
Next of Kin/Emergency Contact (Full Name): NAZ BESI Phone/Email: 0439 372 051

Health Details:

Initial Reason for Treatment (relaxation, sports injury, muscle soreness etc.): SOME NECK DUST BIKE ACCIDENT
Medication in use (for example, steroids, HRT etc.):_____
Are you Pregnant? N/A or Y/N Due Date_____

WNS
SOK CRS

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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?	100-200K WEEKLY CYCLING	Fever	Y/N
Alcohol Y/N – how often	1-2 BOTTLES PW	Diarrhoea	Y/N
Water Y/N – how much per day?	NOT MUCH	Vomiting	Y/N
Tea Y/N how much per day?	3-4 CUPS	Contagious Illness	Y/N
Coffee Y/N – how much per day?	1 PER DAY	Under influence drugs/alcohol	Y/N
Vegetarian/Vegan Y/N	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: 10/06/20 Name: CHAIS GASKELL Signature:

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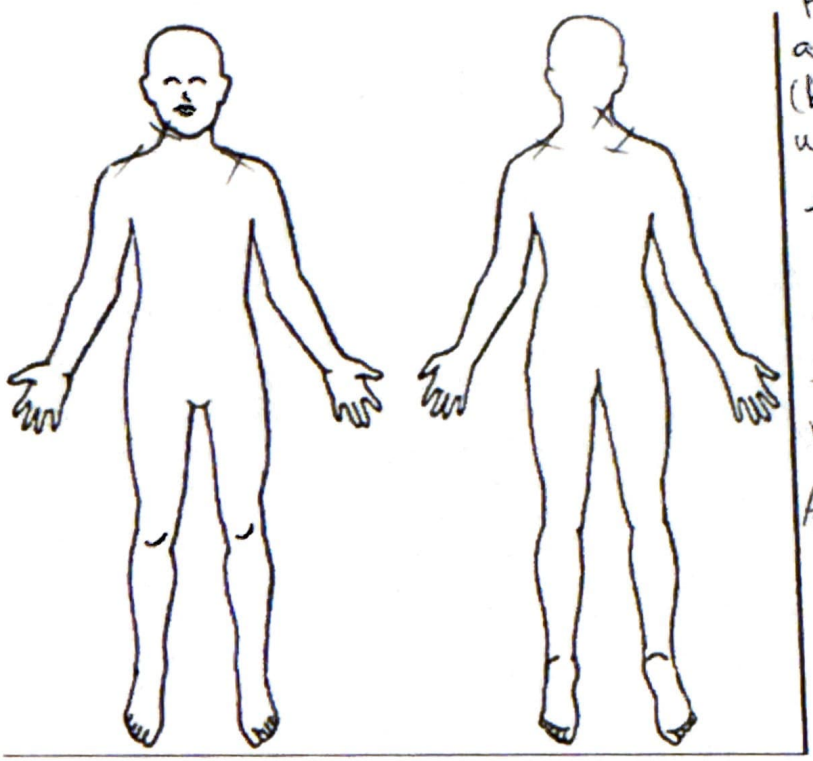
Physical Assessment (Office ONLY)



Main Observations(Office ONLY)

Hx - 2 months ago had a head collision accident (bike riding against) a wall); got checked; excluded from Head injury
- Left sided Left neck tightness.
- Has been seeing a chiro w/no success.

Ax - N ROM WNL Active/Passive
- S ROM WNL Active Passive
N - AROM pain (L) sideflex.

Consultation Form – Notes (Office ONLY)

Name: Christopher Gabriel **Address:** 40 Bulimba Rd. Nedlands.

10-6-2020 – Rx today focused on upper back, shoulders & neck. Lumbar (tr) on R; thoracic/shoulder + Rot cuff (Ti)(Gi); Neck (Bi) very (Ti) particularly (L). Client very (T) but had full range & no pain at the end of the session.