

## **CONSULTATION FORM**

I D 4				
Date				
Surname				
First Name				
Address				
2.5				
Telephone				
Email Address				
Date of Birth				
Occupation				
001 011				
GP Name & Addres	SS			
Medical & Surgical				
History				
Allergies				
Reason for Massag	je/			
Problem Areas				
Date Problem bega	n			
Problem Frequency				
1 Tobletti i Tequency	<i>y</i>			
Headaches/Migrain	100			
rieauaciies/iviigiaii	162			
Are you progpont?				
Are you pregnant?				
Are you pregnant?  General Health				
	Var. Cood	Cood	l Fair	Door
General Health	Very Good	Good	Fair	Poor
General Health  Appetite	Very Good	Good	Fair	Poor
General Health  Appetite Relaxation	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing	Very Good	Good	Fair	Poor
General Health  Appetite Relaxation	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing Vision	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing Vision	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing Vision Sleep Hobbies/Interests	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing Vision Sleep	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing Vision Sleep Hobbies/Interests	Very Good	Good	Fair	Poor
Appetite Relaxation Hearing Vision Sleep Hobbies/Interests Exercise/Sports	not withheld any infor	mation about my	current state of he	ealth and that I
Appetite Relaxation Hearing Vision Sleep Hobbies/Interests Exercise/Sports	not withheld any infor	mation about my	current state of he	ealth and that I
Appetite Relaxation Hearing Vision Sleep Hobbies/Interests Exercise/Sports  I agree that I have consider myself fit to	not withheld any infor	mation about my o	current state of he	ealth and that I is correct to the best of
Appetite Relaxation Hearing Vision Sleep Hobbies/Interests Exercise/Sports  I agree that I have consider myself fit to my knowledge. I w	not withheld any inforto receive a massage rill notify the therapist	mation about my o	current state of he	ealth and that I is correct to the best of
Appetite Relaxation Hearing Vision Sleep Hobbies/Interests Exercise/Sports  I agree that I have consider myself fit to	not withheld any inforto receive a massage rill notify the therapist	mation about my o	current state of he	ealth and that I is correct to the best of
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