

Consultation Form

Student name:		Student number:	
Client name:			
Client Profession:		Date:	

Personal details:										
Age group:	Under 20		20 to 30		30 to 40		40 to 50		50 to 60	60+
Lifestyle:	Active		Partly Active				Sedentary			
Last visit to the doctor:										
Number of children: <i>(If applicable)</i>				Date of last period: <i>(If applicable)</i>						

Contra-indications requiring medical permission – in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment (Select if/where appropriate):

Pregnancy		Epilepsy		Cancer	
Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension and heart conditions)		Recent operations		Conditions causing muscular spasticity (e.g. cerebral palsy)	
Haemophilia		Diabetes		Kidney infections	
Any condition already being treated by a GP or another complementary practitioner		Asthma		Whiplash	
Any dysfunction of the nervous system (e.g. Multiple sclerosis, Parkinson's disease, Motor neurone disease)		Medical oedema		Slipped disc	
When taking prescribed medication		Osteoporosis		Inflamed nerve	
Bell's Palsy or Trapped/pinched nerve (e.g. sciatica)		Arthritis		Acute rheumatism	
Nervous/psychotic conditions		Undiagnosed pain		None of the above	

Contra-indications that restrict treatment – *(Select if/where appropriate):*

These are COMPLETELY restricted	Contagious or infectious diseases/Fever		Inflammation		Hormonal implants	
	Under the influence of recreational drugs or alcohol		Varicose veins		Haematoma	
	Diarrhoea and/or vomiting		Pregnancy (first trimester)		Recent fractures (minimum 3 months)	
	Skin diseases		Bruises		Conditions/disorders of feet/hands	
	Scar tissue (2 years for major operation and 6 months for small scar)		Abrasions		Menstruation	
	Sunburn		Undiagnosed lumps and bumps		Disorders/conditions of hands/feet/nails	
	Localised swelling		Cuts, bruises		None of the above	

Written permission required by – *Either of which should be attached to the treatment form (Select if/where appropriate):*

GP/specialist		Informed consent	
---------------	--	------------------	--

Personal information – (Select if/where appropriate):									
Muscular/skeletal problems:	Back		Aches/pain		Stiff joints		Headaches		
Digestive problems:	Constipation		Bloating		Liver/gall bladder		Stomach		
Circulation:	Heart		Blood Pressure		Fluid retention		Tired legs		
	Varicose veins		Cellulite		Kidney problems		Cold hands/feet		
Gynecological:	Irregular periods		P.M.T		Menopause		H.R.T		
	Pill		Coil		Other:				
Nervous system:	Migraine		Tension		Stress		Depression		
Immune system:	Prone to infections		Sore throats				Colds		
			Chest				Sinuses		

Regular antibiotic/ medication taken?	Yes		No		If Yes, which?				
Herbal remedies taken?	Yes		No		If Yes, which?				
Ability to relax:	Good			Moderate			Poor		
Sleep patterns:	Good			Poor			Average No. of hours		
Do you see natural daylight in your workplace?	Yes					No			
Do you work at a computer?	Yes			No			If yes, how many hours?		
Do you eat regular meals?	Yes					No			
Do you eat in a hurry?	Yes					No			
Do you take any food/vitamin supplements?	Yes		No		If Yes, which?				
How many portions of each of these does your diet contain per day?	Fresh Fruit			Fresh Vegetables			Protein		
	Dairy produce			Sweet things			Added salt		Added sugar
How many of these drinks do you consume per day?	Tea			Coffee			Fruit juice		Water
	Soft drinks					Others			
Do you suffer from food allergies?	Yes					No			
Do you suffer from eating disorders?	Yes					No			
Bingeing?	Yes					No			
Overeating?	Yes					No			
Undereating?	Yes					No			
Do you smoke?	Yes			No			How many per day?		
Do you drink alcohol?	Yes			No			Units per week?		
Do you exercise?	None			Occasional			Irregular		Regular
	Types:								
What is your skin type?	Dry			Oily			Combination		Normal
	Mature					Young			
Do you suffer/have suffered from:	Dermatitis			Acne			Eczema		Psoriasis
	Allergies			Hay fever			Asthma		Skin cancer
Stress level: 1- 10 (10 being the highest)	At work					At home			

Client Signature:	
-------------------	--