CLIENT CONSULTATION FORM **Your Independent Therapist is.....**

To ensure your well-being and for their records, your Independent Therapist requires clients to complete and sign this form
before your Essential Injury/Pain management treatment. Thank you for your understanding.

CLIENT NAME:.....
The following information will help your therapist plan safe and effective treatment. Please answer the questions to the best of your knowledge.

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1/ Have you had an Essential Injury/Pain treatment before? YES /NO If yes, how long ago?

.....
2/ What are your main reasons for seeking treatment today (.g low back pain, neck & shoulders pain, chronic fatigue)?

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3/ Do you have any allergies to oils, ointments, fruits or nuts? YES / NO If yes, please explain

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4/ Are you currently under medication? YES / NO If yes, please indicate what the prescription is for.

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5/ Have you had any recent surgery? YES /NO If yes, how long ago was it?

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6/ Have you ever had any fractures or major accidents (including car accidents)? YES / NO If yes, please list them

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7/ Could you be pregnant? YES / NO If yes, how many weeks are you in?

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Lifestyle

Do you sit for long hours at a workstation, computer or driving? YES /NO
Do you perform any repetitive movement in your work, sports or hobby? YES / NO
Do you feel that stress in your work family or other aspects of your life affect your health in any of the following ways?

☐ muscle tension ☐ anxiety / nervousness ☐ insomnia ☐ irritability ☐ other

Is there a specific area of the body where you are experiencing tension, stiffness, or discomfort? YES /NO If yes, please mention where

Medical history - In the list below, check all the areas you are currently experiencing and circle what you have experienced in the past or are currently experiencing.

General symptoms: Headache/Migraines I Epilepsy I Diabetes I Cancer I Chronic fatigue I Sleep pattern I Depression I Fibromyalgia

Cardiovascular: Phlebitis I DVT | Oedema | Varicose veins I Swelling joints | High blood pressure I Heart issue I Stroke Muscular, joints & bones: Tennis elbow I artificial joint I Sprains/Strains I Carpal tunnel syndrome I