CONSULTATION FORM

First name ______________________ **Last name** ______________________

Age _____ **D.O.B.** _________ **Gender m/f** _______ **L/R handed**___________

Email address ____

Contact number ______________________ **Occupation** ____________________

Surgery/Doctor's name/Address _____________________________________

____

Medical history (within the last 6 months and any key issues prior to this; please explain in detail)

____

Recent accident, operation, asthma, diabetes, epilepsy, allergies (please explain in detail, if any)

____

Arthritis, osteoporosis ____

Family medical history (may impact on ability to provide treatment)

____

Temperature, high blood pressure, acute disease _________________________

Migraine, headache ____

(*Relevant to a female only)

***Menstrual pattern** or any **gynaecological problems**? (If any, please explain below)

____

***Pregnant or trying?** ____

Sleep patterns ____

Diet ____

Daily intake of water /other drinks___________________________________

Do you smoke? Howe many per day?________________________________

Weekly intake of alcohol ____

Are you receiving any other treatment?

____

Disclaimer: The information I have given is true to the best of my knowledge and I have not withheld any information concerning my health. I have been made aware of contra-indications and any issues which might arise after treatment. Participation in the treatment is my own decision. I will advise my therapist of any changes in my medical condition. I will also advise immediately if any part of the treatment causes undue discomfort or pain.

PRIVACY AND DATA PROTECTION

Your records will be processed in accordance with the new GDPR 2018, a link to which can be found on Dara's website at www.daratherapies.co.uk

Keeping in touch using the following methods regarding the appointments or administrative purposes:

Telephone **Text** **Post**
Email

For promotional purposes please use

Telephone **Text** **Post**
Email

Client Signature **Therapist signature**

________________________________ ______________________

date **date**

Dara Krastich Jan/19