

# FORM 1.2

## Consultation Card

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Name	
Address:	
Phone No.	Date of Birth:
Occupation:	Height / Weight:
E-mail address: (For Walmer News and College updates)	
Have you had a massage/aromatherapy /reflexology treatment before. If so, when ?	
Are you receiving any other therapy?	
Medication.	
Illnesses (dates)	
Operations (dates)	
Accidents/Injuries/Falls (dates)	
General State of Health	

**Do you or your immediate family suffer from any problems in relation to the following:**

Diatetes	Epilepsy	Blood Pressure	Heart
Chest	Migraine	Kidneys	Bladder
Back Complaints	Depression/Anxiety	Phlebitis/Thrombosis	Varicose Veins
Digestion	Skin Problems	Arthritis	Lymph
Allergies	Hepatitis	Other	

Please give details of above:

Please give details of above:	
Are you pregnant now ? If so, give details ...	
Have you given birth in the last 18 months?	
Are you Breast feeding ?	
Last Visit to your Doctor and reason for visit ?	
Have you been to the Hospital for X-Rays or tests in the past 3 years ?	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

