|  |  |  |
| --- | --- | --- |
|  |  | treat and compete  In Work. In Sport. In Life. |

# Client Consultation

Appointment Date:  
Appointment Booked:  
Full Name:  
Date of Birth:  
  
**The Appointment**  
Please talk about what you’d like help with and any details associated with it:   
  
  
  
  
  
  
  
 **Past Injury**Please talk about any discomfort, injury or pain you suffered in the past: **Health**  
  
Are you currently pregnant:   
*(If yes, which trimester*)   
  
Are you currently receiving any medical treatment:   
  
Are you currently undergoing any Physiotherapy Treatment:  
   
Do you have a Medical Condition:

Are you currently taking prescribed medication:  
  
Did you recently undergo surgery:  
  
Do you have planned surgery:

**Lifestyle**

Please state your Occupation:  
  
Sports/Activities you participate in:  
  
Total number of hours or total number of sessions of activity in a week:   
  
What / Have you entered any competitions:  
What date is that competition:  
  
What & Do you play any Music Instruments:  
If yes, how many hours weekly:  
  
  
  
**Please enter your name in the blank space if you give consent to the modality being offered. Catriona can discuss your treatment plan before the session, so you know what to expect.**  
I give consent to receiving treatment.   
  
I give consent to receiving medical acupuncture.  
  
I give consent to receiving spinal manipulation.