RAINBOWWISDOM CLIENT CONSULTATION FORM

Client name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/mobile/email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/ Time­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession

CONTRAINDICATIONS tick where appropriate

Any form of disease or fever under the influence of drugs or alcohol  Diarrhoea Vomiting

Pregnancy Cardio vascular conditions Haemophilia Medical Oedema Osteoporosis

Arthritis  Nervous/psychotic conditions Epilepsy Recent operations Diabetes Asthma

Any dysfunction of the nervous system Bell’s Palsy Trapped/pinched nerve inflamed nerve

Skin cancer Cancer Postural deformities Spastic conditions kidney Infections Sunburn

Whiplash Slipped disc undiagnosed pain when taking prescribed medication

Acute Rheumatism  Skin Diseases Undiagnosed lumps/bumps Localised swelling

Inflammation Varicose Veins Cuts/bruises Scar tissue Hormonal Implants

Haematoma Hernia Recent Fractures Cervical Spondylitis Gastric Ulcers

After a heavy meal Conditions affecting the neck

Any condition being treated by a consultant or GP or complementary Practioner

Written request GP/ Specialist  or Client Disclaimer form 