



Consultation Form

Name: _____ Date of Birth: _____

Address: _____

Tel No. (home): _____ Tel No. (mobile): _____

Occupation: _____ Email address: _____

Reason for Visit: _____

Is there anything that makes your condition worse or better? _____

Is your condition a result of an accident? _____ If yes, is litigation involved? _____

Have you received previous treatment for this condition? _____

If yes, please explain. _____

Are you attending your doctor? *If yes, please explain.* _____

Doctor's name and practice: _____

Please list any drugs being taken and for what reason. _____

Do you have children? ____ Are they well? ____ Are you pregnant? ____ Due date if yes? _____

Please tick if any of these conditions apply to you:

<input type="checkbox"/>	allergies
<input type="checkbox"/>	anxiety
<input type="checkbox"/>	arthritis
<input type="checkbox"/>	asthma
<input type="checkbox"/>	back pain
<input type="checkbox"/>	bereavement
<input type="checkbox"/>	blood clots
<input type="checkbox"/>	blood pressure - high
<input type="checkbox"/>	blood pressure - low
<input type="checkbox"/>	breathing problems
<input type="checkbox"/>	cancer

<input type="checkbox"/>	chest pain
<input type="checkbox"/>	constipation
<input type="checkbox"/>	dental work
<input type="checkbox"/>	depression
<input type="checkbox"/>	diabetes
<input type="checkbox"/>	diarrhoea
<input type="checkbox"/>	difficulty swallowing
<input type="checkbox"/>	dizziness
<input type="checkbox"/>	ear problems
<input type="checkbox"/>	epilepsy
<input type="checkbox"/>	feet cold/numb

<input type="checkbox"/>	hands cold/numb
<input type="checkbox"/>	headache/migraine
<input type="checkbox"/>	heart problems
<input type="checkbox"/>	implants/stents
<input type="checkbox"/>	indigestion
<input type="checkbox"/>	infection
<input type="checkbox"/>	joint pains
<input type="checkbox"/>	lymph node removal
<input type="checkbox"/>	neck pain
<input type="checkbox"/>	numbness
<input type="checkbox"/>	operations

<input type="checkbox"/>	period problems
<input type="checkbox"/>	pregnancy
<input type="checkbox"/>	pins & needles
<input type="checkbox"/>	sight problems
<input type="checkbox"/>	sinusitis
<input type="checkbox"/>	skin problems
<input type="checkbox"/>	sleep problems
<input type="checkbox"/>	sciatica
<input type="checkbox"/>	urinary problems
<input type="checkbox"/>	varicose veins
<input type="checkbox"/>	weight loss

Is there anything else you think I should know? _____

Have you been X-rayed or scanned recently? *If yes, when, where and why?* _____

Next of kin: _____ Relationship: _____

Tel No.: _____

I have stated all my known medical conditions, in confidence, and take it upon myself to keep the Therapist updated on my physical health. I consent to this consultation, assessment and treatment which will involve soft tissue techniques. I have read the data protection information overleaf.

Signature: _____ **Date:** _____



Core takes the confidential collection, use and storage of your personal data seriously.

We want you to be aware that this form is the only copy of your data we hold, we do not transfer this information to any digital storage but keep this hard copy in a fire-proof, locked storage cabinet. If you booked your appointment online and therefore created a client profile in our booking software, the information you provided there is held securely within the booking software. For more details on the online booking system please see our privacy policy online.

We will hold your data while you remain a client at Core and for 5 years after you stop attending therapy appointments here. You can request to see your form and session notes and/or request it to be confidentially destroyed at any time by emailing info@coredunbar.co.uk or speaking to your therapist. You can also ask for your data to be transferred to another therapist of your choice at any time. You can also, and are indeed encouraged to, ask for your data to be updated to reflect any recent changes. We will ensure any requests are dealt within a month as required by the General Data Protection Regulation legislation (2018).

Your information will only be made available to your therapist and the information will be used to ensure that an appropriate, safe and effective treatment is provided for you. In the event of an emergency regarding your health/safety during the time you are at Core for your appointment, the emergency contact details you provided will be used to contact that person to make them aware of the emergency situation. The details will also be used in that event to pass on to any medical professionals (e.g. paramedics) if required. The email address you provide will be used to contact you only about information directly pertaining to the appointment (e.g. reminders, cancellations) and will not be used to distribute any promotional information or newsletters etc. The phone number you provide will only be used to contact you if there is a short notice change required to your appointment. There is no expectation that your address will be used in any circumstances other than an emergency. The information you provide on your personal life and health will be used only to ensure an appropriate, safe and effective treatment is provided by your therapist. None of your data will be passed to a third-party in any circumstances other than medical professionals in an emergency.

You can access our full data protection policy online at <https://www.coredunbar.co.uk/terms-conditions-privacy-policy>.

About your therapists:

Fiona Scott-Ennis is a qualified massage therapist with diplomas in Swedish Massage, Remedial and Sports Massage, Advanced Remedial Massage and Clinical Aromatherapy.

Jennifer Ainslie is a qualified massage therapist with diplomas in Swedish Massage and Remedial and Sports Massage. She also has a qualification in Western Medical Acupuncture (also known as Dry Needling). She is also a qualified Pilates and Yoga teacher (Level 3 diploma in Teaching Pilates Matwork and Level 3 diploma in Teaching Yoga).