

COMPLEMENTARY THERAPY OUTPATIENT CASE HISTORY SHEET

NAME:

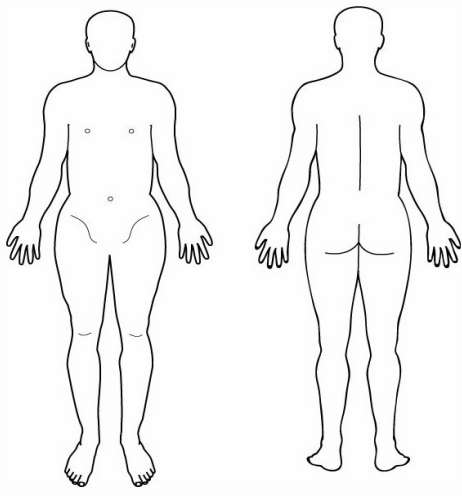
DATE:

Therapist:

Referred By:		Hospital Number:	
DOB:	Telephone Number:		
Address:			
Consultant:	GP: _____ HSSB		
Address:	Address:		
Had massage previously? Y/N	Result:		

- | | | |
|--|---|---|
| 1. Allergies (Nut, Wheat) | 10. Liver function | 20. Chronic conditions |
| 2. Respiratory(Asthma, breathlessness) | 11. Menstrual cycle | 21. Acute conditions |
| 3. Back/Neck problems | 12. Nail disease | 22. Attending GP or other health professional / therapist |
| 4. Blood disorders | 13. Neurological disorders | 23. Attending Complementary Therapist |
| 5. Contact lenses | 14. Fractures/ Sprains | |
| 6. Diabetes | 15. Operations/ Implants | |
| 7. Epilepsy (Seizures) | 16. TB | |
| 8. Heart conditions/BP(H/L) | 17. Thyroid disorder | |
| 9. Thrombosis | 18. Varicose veins | |
| | 19. Skin(dry/friable, eczema/psoriasis) | |

Conditions relating to treatment; Diagnosis

COMPLEMENTARY THERAPY continuation sheet LIFESTYLE

Name _____

Digestion (eating habits, diet, fluid intake)										
Bowel habit										
Sleep pattern (past/present)										
Lifestyle (relaxation, exercise, hobbies, social life)	Alcohol / Smoking /Other									
Occupation										
Family / Supporters										
Past experience of illness / ways of coping										
Attention:	Present areas of concern/ Locus of control: I/E									
Mood:										
Energy:										
Appetite:										
Sleep:										
Going out:										
Interest in things:										
Treatment plan:	Body area:	Hands	Arms	Shoulders	Neck	Face	Head	Back	Legs	Feet
A romatherapy	B reathing	Goals.								
R eflexology	V isualisation									
T Touch	H EARTS/MacN									
REFERRAL TO:										

I understand that the information I have given is in confidence except in circumstances where the therapist feels I may pose a threat to myself or others. The therapist will seek my permission before discussing my case with others.

I agree that the above information is correct and I consent to the treatment plan suggested.

Signature: _____ Date: _____

Others;