**CONSULTATION FORM For Gemma Groundwater Sports Therapy**

Name: Telephone no:

Date of birth: Occupation:

Address:

* Reason for this visit/ site of injury:
* Type of pain and scale (1 being not painful and 10 being very)
* When did this condition begin?
* Is there anything which makes it worse/better?
* Is it the result of an accident? YES/NO (if no, please explain):
* Have you received previous treatment for this condition? YES/NO (if yes, please explain)

Have you ever had/currently have any of the following?

Operations:

Fractures:

Allergies:

Are you currently attending the doctor for any medical or health problems? If yes, please let your therapist know at the beginning of the appointment to discuss this further.

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| **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.**  Signature**:** Date |