

## Client Consultation Form

### Therapist Details

<b>Course:</b>	HOLISTIC MASSAGE
<b>Centre name:</b>	BRIGHTON SCHOOL OF MASSAGE
<b>Learner (Therapist) name:</b>	Joanna Sherman

### Client Consultation Form

<b>Client name/code</b>	M.B.	
<b>Address</b>	Details held on file.	
<b>Profession</b>	Management Accountant	
<b>Telephone Number</b>	Mobile	Details held on file.
	Other	Details held on file.
<b>Emergency Contact</b>	Name	Valerie Sherman
	Contact number	Details held on file.
<b>Date of initial consultation</b>	05 / 11 / 2020	

Personal details:						
Age group	Under 18 <input type="checkbox"/>	18 – 29 <input type="checkbox"/>	30 – 39 <input type="checkbox"/>	40 – 49 <input checked="" type="checkbox"/>	50 – 59 <input type="checkbox"/>	60+ <input type="checkbox"/>
Gender	Female					
GP Surgery and Address	Details held on file.					
Last visit to the doctor	Last January					

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

**Contra-indications requiring medical permission** *where medical permission cannot be obtained, clients must give their informed consent in writing prior to treatment (Select if/where appropriate)* **None**

Currently being treated by a GP or another complementary practitioner for any condition?

Notes:

Taking prescribed medication?

Pregnant?  How many weeks? \_\_\_\_ If first trimester (0 – 12 weeks) massage is contraindicated due to risk of miscarriage. (2<sup>nd</sup>/3<sup>rd</sup> trimester (gentle massage, abdomen avoided)

Recent operations? Major  Minor  Date: \_\_\_\_\_ Notes:

Has a hormonal implant?

Any dysfunction of the nervous system? (e.g. multiple sclerosis, Parkinson’s disease, motor neurone disease)

Any skeletal/muscular conditions? (e.g. cervical spondylitis, osteoporosis, arthritis, whiplash, slipped disc)

Any conditions causing muscular spasticity? (e.g. cerebral palsy)

Any cardiovascular conditions? (e.g. thrombosis, phlebitis, hypertension, hypotension, heart conditions)

Any mental health / psychotic conditions?

Any undiagnosed pain?  Notes:

Any of the following conditions:	Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Kidney infection <input type="checkbox"/>	Cancer <input type="checkbox"/>
Haemophilia <input type="checkbox"/>	Bell’s palsy <input type="checkbox"/>	Medical oedema <input type="checkbox"/>
Trapped/pinched nerve (e.g. sciatica) <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>	Rheumatoid arthritis <input type="checkbox"/>

**Contra-indications that restrict treatment** *(Select if/where appropriate)* **None**

Fever <input type="checkbox"/>	Contagious or infectious diseases <input type="checkbox"/>	Diarrhoea and vomiting <input type="checkbox"/>
Recent heavy meal (<2hr) <input type="checkbox"/>	Under the influence of alcohol or recreational drugs <input type="checkbox"/>	Undiagnosed lumps and bumps <input type="checkbox"/>
Cuts / Bruises / Abrasions <input type="checkbox"/>	Sunburn <input type="checkbox"/>	Hypersensitive skin <input type="checkbox"/>
Scar tissue (avoid area - 2 years for major operation; 6 months for a small scar) <input type="checkbox"/>	Localised swelling <input type="checkbox"/>	Varicose veins <input type="checkbox"/>
Skin diseases <input type="checkbox"/>	Hernia <input type="checkbox"/>	Gastric ulcers <input type="checkbox"/>
Haematoma <input type="checkbox"/>	Inflammation <input type="checkbox"/>	Recent fractures (minimum 3 months) <input type="checkbox"/>
Any allergies? <input type="checkbox"/>		Menstruating (first few days of menstruation, avoid abdomen) <input type="checkbox"/>

**Written permission required by:** *(attached to the consultation form)*

GP/Specialist <input type="checkbox"/>	Informed consent <input checked="" type="checkbox"/>
--	--

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Medical History</b>					
Reason for treatment	Intermittent back pain/stiffness started in August due to an increased running programme and a changing work office environment. It has now eased but MB is anxious that it may return				
Muscular/Skeletal problems	Back <input checked="" type="checkbox"/> Aches/pain <input type="checkbox"/> Stiff joints <input type="checkbox"/> Headaches <input type="checkbox"/> Notes: Client experiences intermittent back stiffness. Consulted physiotherapist to help her deal with the problem resulting from over training in August				
Digestive problems	Constipation <input type="checkbox"/> Bloating <input checked="" type="checkbox"/> Liver/gall bladder <input type="checkbox"/> Stomach <input type="checkbox"/> Notes: Client occasionally suffers bloating				
Circulation	Heart <input type="checkbox"/> Blood pressure <input type="checkbox"/> Fluid retention <input type="checkbox"/> Tired Legs <input type="checkbox"/> Varicose veins <input type="checkbox"/> Cellulite <input checked="" type="checkbox"/> Kidney problems <input type="checkbox"/> Cold hands and feet <input type="checkbox"/> Notes: Client has light cellulite deposits on thighs. Observed client has very toned thighs but poor circulation in the area				
Gynaecological	Irregular periods <input type="checkbox"/> P.M.T <input type="checkbox"/> Menopause <input type="checkbox"/> H.R.T. <input type="checkbox"/> Pill <input type="checkbox"/> Coil <input type="checkbox"/> Notes:				
Nervous system	Migraine <input type="checkbox"/> Tension <input type="checkbox"/> Stress <input type="checkbox"/> Depression <input type="checkbox"/> Notes:				
Respiratory	Allergies <input type="checkbox"/> Hay fever <input type="checkbox"/> Asthma <input type="checkbox"/> Notes:				
Skin	Dermatitis <input type="checkbox"/> Acne <input type="checkbox"/> Eczema <input checked="" type="checkbox"/> Psoriasis <input type="checkbox"/> Skin cancer <input type="checkbox"/> Notes: Client suffers mild eczema on her hands occasionally				
Skin type	Dry <input checked="" type="checkbox"/> Oily <input type="checkbox"/> Combination <input type="checkbox"/> Sensitive <input type="checkbox"/> Dehydrated <input type="checkbox"/> Notes: Client feels that skin is becoming drier with age. She does not take any oil based supplements, such as evening Primrose oil				
Immune system	Prone to infections <input type="checkbox"/> Colds <input type="checkbox"/> Sore throats <input type="checkbox"/> Chest <input type="checkbox"/> Sinus issues <input type="checkbox"/> Notes:				
Regular medication taken	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Herbal remedies taken	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
General health notes	MB is not suffering any Contra indications that require medical permission but has experienced intermittent back pain.				
<b>Lifestyle</b>					
Do you have children?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Stepmother to 4 grown up children				
Ability to relax	<table border="0"> <tr> <td>Good <input type="checkbox"/></td> <td rowspan="3">Methods of relaxation:</td> </tr> <tr> <td>Moderate <input checked="" type="checkbox"/></td> </tr> <tr> <td>Poor <input type="checkbox"/></td> </tr> </table>	Good <input type="checkbox"/>	Methods of relaxation:	Moderate <input checked="" type="checkbox"/>	Poor <input type="checkbox"/>
Good <input type="checkbox"/>	Methods of relaxation:				
Moderate <input checked="" type="checkbox"/>					
Poor <input type="checkbox"/>					
Sleep patterns	<table border="0"> <tr> <td>Good <input checked="" type="checkbox"/></td> <td rowspan="3">Average no. of hours: 8 hours</td> </tr> <tr> <td>Moderate <input type="checkbox"/></td> </tr> <tr> <td>Poor <input type="checkbox"/></td> </tr> </table>	Good <input checked="" type="checkbox"/>	Average no. of hours: 8 hours	Moderate <input type="checkbox"/>	Poor <input type="checkbox"/>
Good <input checked="" type="checkbox"/>	Average no. of hours: 8 hours				
Moderate <input type="checkbox"/>					
Poor <input type="checkbox"/>					
Natural daylight (e.g.in workplace)	<table border="0"> <tr> <td>Yes <input checked="" type="checkbox"/></td> <td rowspan="2">Work environment:</td> </tr> <tr> <td>No <input type="checkbox"/></td> </tr> </table>	Yes <input checked="" type="checkbox"/>	Work environment:	No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/>	Work environment:				
No <input type="checkbox"/>					

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

Work at a computer?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, for how many hours? <i>Typically 4 hours</i>		
Do you smoke?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No. per day:		
Do you drink alcohol?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Units per week: <i>Has a glass of red wine in the evening.</i>		
Do you exercise?	None <input type="checkbox"/> Occasional <input type="checkbox"/> Irregular <input type="checkbox"/> Regular <input checked="" type="checkbox"/>	Type/s of exercise: <i>Usually walking, running, cycling as part of an ongoing regime. Currently not exercising due to back stiffness / pain.</i>		
Stress level (1-10 rating)	At work <i>4</i> At home <i>2</i>	Notes: <i>Client rates her stress levels as low for both work and home. She has a very positive approach to life generally.</i>		
Reasons for stress	<i>Job redundancy followed by resignation in next job. Planned and got married.</i>			
<b>Diet</b>				
Do you eat regular meals?	Breakfast <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input checked="" type="checkbox"/>			
Do you eat in a hurry?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Do you take any food/vitamin supplements?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
How many portions of each of these items does your diet contain per day?	Fresh fruit <i>1</i>	Fresh vegetables <i>4</i>	Protein <i>2</i>	Protein source? <i>Meat, fish, cheese</i>
	Dairy produce <i>1</i>	Sweet things <i>1</i>	Added salt <i>0</i>	Added sugar <i>0</i>
How many units of these drinks do you consume per day?	Tea <i>0</i>	Coffee <i>6</i>	Fruit juice <i>1</i>	
	Water <i>0</i>	Soft drinks <i>0</i>	Other <i>0</i>	
Do you suffer from food allergies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:		
Do you experience disordered eating?	Bingeing <input type="checkbox"/> Overeating <input type="checkbox"/> Undereating <input type="checkbox"/>	Notes: <i>Healthy attitude to food.</i>		
<b>Consultation Notes</b>				
Client profile	<i>MB is 42 years old married - no children, stepmother to four grown up children. Lives with husband who is an engineer. She is employed full time as a management accountant. Office is based a short distance from home able to walk to work most days, depending on whether. Last year was stressful for her- she was made redundant from a job that she really enjoyed. However, she was quickly re employed within a month, but she had some misgivings about her new job. Compared to previous jobs she felt underutilised and this became a source of frustration for her. Consequently, after only four months she resigned. Due to the high demand for her skills, she found a new job and started at her new company within less than a month. In all the job moves, she got married organising the wedding completely by herself within a short space of time. This</i>			

**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

	<p>added to her stress levels although she appeared to cope well with all the additional planning. She has a very busy life both socially and professionally . Rates her stress levels is low and has a positive, proactive approach to life. MB is a keen amateur triathlete who has regular training schedule. However, before her last event she developed severe back pain that resulted in a visit to a physiotherapist. She had to withdraw from her last two races, a triathlon and a half marathon, and has now stopped her training programme completely . She did not visit her doctor, but the physiotherapist recommended remedial exercises that have helped. She has recently started to exercise again, swimming once a week and cycling occasionally but not at the same level as previously practised. Stuff is no constant indications an in generally good health. Eats healthy diet, mostly organic and is a non smoker. Does suffer with occasional eczema on hands and skin is slightly dry but feels this is age related. And be feels that her back problems may be due to over training, particularly increased running and the change in her office environment. She thinks that massage may help to improve her circulation and relax her back muscles and prevent aches and pains.</p>
<b>Additional Notes</b>	<p>Mentioned a dislike of nutty products despite no allergy. Remember when selecting massage medium.</p>
<b>Treatment Record</b>	
<b>Treatment Date and Location</b>	<p>05/11/2020. Therapy Rooms</p>
<b>Treatment plan</b>	<p>Full body massage once a week for four weeks is proposed using the full range of classical massage movements with particular emphasis on the lower back / problem area to help prevent muscle stiffness.</p>
<b>Medium used</b>	<p>Grapeseed Oil</p>
<b>Client signature</b>  <i>To be signed before treatment.</i>	<p>Please sign here to agree and consent to the proposed treatment plan.</p> <p>Sign: <i>signed by client</i> Date: <i>5/11</i></p>
<b>Treatment Notes</b>	
<b>Details of how treatment was conducted</b>	<p>The room was a little cold so additional heating was necessary to ensure client comfort. Full body massage was performed, with extra work on the lower back, lumber, sacral and gluteal regions. The massage medium chosen was grapeseed oil which is light and easily absorbed . Although the client does not suffer a nut allergy comment she has a strong dislike of nuts and nut products, so I felt it unwise to you sweet almond oil. It was necessary to adjust the pressure used on the back as the client was quite sensitive experiencing mild discomfort during pressure surge on the cycle area. I used a lighter pressure for these movements that the client could tolerate.</p>



**BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM**

<b>Follow Up Treatment Record</b>	
Treatment Date and Location	12/11/2020. Therapy Rooms
Client comments following previous treatment	Although MB felt looser after the last massage, she reported the back stiffness returned quite quickly within the next day, however she felt that she slept better after the treatment. No changes to MB's overall health this week.
Reason for treatment	Continued treatment to continue to ease the aches and pains of the lower back and gluteal area.
Treatment plan	Full body massage emphasising lower back.
Medium used	Grapeseed Oil
<b>Client signature</b>  <i>To be signed before treatment.</i>	Please sign here to agree and consent to the proposed treatment plan.  Sign:                      signed by client                      Date: 12/11/20
<b>Treatment Notes</b>	
Details of how treatment was conducted	A full body massage was performed again with emphasis on the lower back / sacral area, using a range of massage movements. Although MB stated that she had cellulite on her legs during the initial consultation, I found that her legs were very well toned. As a result, I needed to apply more pressure to work the tissues adequately, particularly with the wringing and finger rolling movements. The skin did feel quite cold to the touch in those areas though, perhaps indicating poor circulation.
Details of how the client felt during and after the treatment	Arrived straight from work feeling slightly harassed. She announced that she was on a tight deadline and had to leave in just over one hour. She appeared quite tense throughout the massage and it was obvious that her mind was buzzing with thoughts of the rest of the evening. Whilst she may have experienced some of the physical benefits of massage, such as increased circulation, I was sure that the psychological effects this evening were poor as she seemed quite alert throughout the treatment. She experienced less discomfort this week in the lumbar circle area, so I was able to apply a little more pressure and work for longer. I still avoided the use of the Department movements on the gluteal region. I sat her up slowly, even though she needed to get going quickly. She said that she felt relaxed and comfortable but after her glass of water, she dressed and left quickly.
Specific aftercare and home care advice given	MB was again advised to increase her water intake. She has been trying this week but kept for getting. I suggested that she keep a bottle of water on her desk or have a glass of water each time she has a Cup of coffee. She is continuing with the physiotherapist recommended exercises.
Follow Up Treatment Plan	The next treatment will be in one week. It will be another full body massage.

BRIGHTON SCHOOL OF MASSAGE – CLIENT CONSULTATION FORM

Reflective Practice	
<b>Reflection on treatment given</b>	<p>I felt I rushed through the routine and I forgot some movements. I performed the massage too quickly as I was conscious throughout of the client's time limits. I completed the whole routine in approximately 50 minutes rather than just over an hour. She did not relax fully but appeared to enjoy the treatment, nevertheless. I felt disappointed that I let the client's mood affect my performance and I need to be conscious of this for each client.</p>
<b>Overall Summary of case study</b>	<p>The two treatments given were both quite different. The first, the client was slightly tender and not quite relaxed with a new therapist, and was quite chatty. The second, the client was in a negative mood which affected my own. This reminds me that the energy brought to the room, both from the client and/or the therapist can be palpable and affect the treatment.</p> <p>I look forward to continuing to work with this client as I think that it will be interesting to see how her lower back pains develop over time – she was certainly less tender in the second massage.</p>
<b>Action plan for continual professional development</b>	<p>For the next treatment with this client, I will make sure to emphasise my relaxed and positive mood before meeting the client. I will take a moment to ground myself. Throughout the treatment I will make sure to focus on my breathing to keep my body relaxed to try to convey that energy into the treatment and encourage relaxation.</p> <p>I will revise the muscles of the lower back to continue to use sound anatomical references when discussing my findings with clients.</p>
<b>Therapist Signature</b>	<p>Please sign here to confirm information is correct.</p> <p>Sign:                      Joanna Sherman                      Date: 12/11/2020</p>