

Active Health Foundation



Entry Date DOB Age

Patient No. P.....

Occupation

Name

Children

Add

Weight Height

.....

Smoker Alcohol

Phone's

Doctor

Presenting Complaint

.....

.....

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.....

.....

History

.....

Medication

Energy

.....

Appetite

.....

Stools

.....

Sleep

.....

Emotions

.....

Woman / man.....

.....

.....

.....

.....

Tongue

Pulse





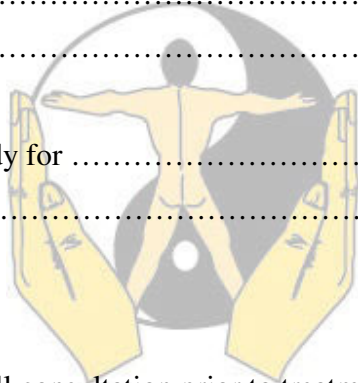
Consent to be a Case Study

To be filled in for each case study client and attached to their case history

Name:

Address:
.....
.....
.....

I have agreed to be a case study for
a student practitioner in



Date:

- I have undertaken a full consultation prior to treatment, which is complete and accurate to the best of my knowledge.
- I have obtained medical consent from my Doctor to have this treatment.
- I have not obtained medical consent from my Doctor to have this treatment.
- I have agreed to notify the practitioner of any change in my medical condition.
- I have had the therapy explained to me.
- I know that I am a participant in my practitioner's training.

Further information I wish to give my practitioner:
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Practitioner's Signature

Client's Signature

Tutor's Signature