

CMT	Consultation Form and Treatment Plan
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Client Name	
Therapist Name	Richard Curtis
Address	
Postcode	
Tel. Home	
Tel. Mobile	
Email	
Emergency Contact	
Date Of Birth	
Marital Status	
Occupation	
Work routine	
Reason for visit	
Have you received body massage before?	

Doctors Name and tel. number	
Reason for last GP/Hospital visit.	
Are you taking any medication?	

Lifestyle

Do you/did you smoke? How many?	
Do you drink alcohol? How many units?	
Describe your sleeping pattern.	
What is your diet like?	
How is your stress level 1-10? 1=low 10 =high	
Any recent bereavements?	
Do you have any phobias?	
What hobbies do you have?	
Do you exercise?	
How are you feeling physically/emotionally?	