

PLEASE LIST ANY KNOWN ALLERGIES TO:

PRESCRIPTION MEDICATION:

NATURAL MEDICINES:

OTHER: _____

HAVE YOU HAD ANY MAJOR ILLNESSES? Please list.

HAVE YOU HAD ANY SURGERY? Please list.

IS THERE A FAMILY HISTORY OF ANY OF THE FOLLOWING? Please tick.

- | | | |
|---------------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> STROKE | <input type="checkbox"/> HEART ATTACK |
| <input type="checkbox"/> OBESITY | <input type="checkbox"/> CANCER | <input type="checkbox"/> ARTHRITIS |
| <input type="checkbox"/> OTHER: _____ | | |

HOW MUCH OF THE FOLLOWING WOULD YOU DRINK IN A DAY?

WATER: _____ ALCOHOL: _____ SOFTDRINK: _____ TEA/COFFEE: _____

PLEASE RATE YOUR STRESS: HIGH MEDIUM LOW

DO YOU EXERCISE REGULARLY? Y / N APPROX. HOURS/WEEK: _____

FEMALE: Are you pregnant? Y / N Date of last menstrual period: _____

SIGNED: _____

Please note that payment is due on the day of treatment. We request at least 24 hours notice to change or cancel appointments. A \$50.00 administration fee will be charged for late cancellations, appointment changes or appointments not kept.

SURNAME: _____ FIRST NAME: _____

MALE/FEMALE: (Please circle) _____ HEALTH FUND: _____

DATE: _____

POSTAL ADDRESS: _____ D.O.B. _____

_____ AGE: _____

PHONE: (H) _____ (W) _____ HEIGHT: _____

(M) _____ WEIGHT: _____

EMAIL: _____ CHILDREN: _____

OCCUPATION: _____ BLOOD TYPE: _____

DOCTOR: _____ Married/Single/Divorced
Widow/De Facto

SUPPORT PERSON: _____

We value your custom and need your help. How did you hear about us?

Please circle or note below:

TV NEWSPAPER YELLOW PAGES HOME HELPER

WEBSITE NATURAL THERAPY PAGES LOCAL DIRECTORIES

PERSON _____ OTHER _____

MAJOR HEALTH CONCERNS:

PLEASE LIST ALL MEDICATIONS CURRENTLY BEING TAKEN:

PRESCRIPTION MEDICATION:

NATURAL MEDICINES:

HAVE YOU EVER HAD A MAJOR REACTION TO ANY PRESCRIPTION OR NATURAL MEDICINES OR OTHER SUBSTANCES?

YES NO

HAVE YOU HAD ANY RECENT BLOOD TESTS/X-RAYS? Y / N

HAVE YOU PROVIDED COPIES OF ANY TEST RESULTS? Y / N