

Name _____ Occupation _____ DOB _____

Address _____

Mob _____ Wk/Hm _____ Health Fund _____

Referred by _____ Email _____

All information remains private and confidential.

Please list the problems you are having or main reason for this appointment?

Do you suffer pain?

Do you suffer occupational stress (chemical, physical, psychological, overwork).

Have you seen other health care providers/medical doctors for this? (If yes, please list diagnosis and treatment).

Please list any known allergies (food, medication, other).

List all medications indicating how long they have been taken.

Have you taken antibiotics recently? _____

List all supplements indicating how long they have been taken.

Past Medical History - List all major illnesses/operations and age at the time (incl. any overseas travel related illness e.g. gastritis, hepatitis).

Please indicate your diet & lifestyle.

Cigs _____ day/wk/mnth Alcohol _____ day/wk/mnth Drugs _____ day/wk/mnth Coffee _____ day/wk/mnth

Tea _____ day/wk/mnth Soft Drink _____ day/wk/mnth Sugar _____ day/wk/mnth Water _____ day/wk/mnth

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Please indicate if you exercise and describe. _____
