



Name: _____ M / F

DOB: _____

Address: _____

_____ Postcode: _____

Phone Home: _____ Work: _____

Mobile phone: _____ Referred by: _____

Email: _____

Client Information

Family History – please put S for self and F for family

- | | |
|----------------------|-------------------------------|
| Cancer | Kidney Disease |
| High blood pressure | Epilepsy |
| Glandular Fever /RRF | Diabetes |
| Asthma | TB |
| Heart Disease | Allergic to drugs/medications |
| Arthritis | Depression/anxiety |

Client History - previous and current diseases and conditions

Previous viruses: _____

Main health concerns/reason for appointment

Current employment_____

Previous employment_____

Hobbies_____

Travel_____

Pets_____

Surgery_____

Scars and piercing (be specific)

Vaccinations

Do you have amalgam fillings? YES / NO

Do you have any metal implants? YES / NO

Dentures/root fillings/Crowns/bridges/implants ? YES / NO

Any sleep disturbance? YES / NO

Do you have a clock radio next to your bed? YES / NO

Do you use an electric blanket? YES / NO

Pain? (be specific)

Known allergies or reactions to foods, environment or medications

Sugar cravings? YES / NO

Urgent hunger? YES / NO

Daily intake of Sugar_____

Daily intake of coffee_____Tea_____

Alcohol – How many per week_____

Vitamins/minerals intake:

Current medications:

Have you taken or had injections of ? * cortisone YES / NO *cytostatic YES / NO

Fluid intake -what volume of water do you drink per day? _____

Do you drink filtered water? YES / NO

Do you smoke? YES / NO Have you ever smoked? YES / NO

If yes, do you want to quit? YES / NO

Do you exercise? YES / NO

Recreational Drugs – specify if ever used or experimented

Method of contraception _____

Lived near factories, mines, mobile phone towers? YES / NO (specify)

Contact with pesticides or herbicides or lived near crop spraying YES / NO (specify)

Emotional/psychological background

Personal & Family History

this is the life issues that may have an impact on your emotional/psychological health:

How do you handle stress?

Do you have concentration or learning difficulties?
