

<b>Surname</b>				<b>First Name</b>			
<b>Postal address</b>							
<b>Phone   H</b>				<b>Phone   M</b>			
<b>Email</b>				<b>Occupation</b>			
<b>Date of birth</b>				<b>Age:</b>			
<b>Height</b>				<b>Weight</b>			
<b>Support person</b>		<b>Name</b>				<b>Phone</b>	
<b>Doctor   Medical Centre</b>				<b>Phone (if known)</b>			
<b>Relationship status:</b>		Married   Single   Divorced   Widow   Partner   Other					
<b>How did you hear about us? Please circle below</b>							
HOME HELPER MAGAZINE   TELEVISION AD   NURTURA HEALTH WEBSITE   YELLOW PAGES BOOK   FACEBOOK   INSTAGRAM   NEWSPAPER     LOVEBUNDY PROMOTION   NATURAL THERAPY PAGES     INTERNET/SEARCH ENGINE/YELLOW PAGES ONLINE     OTHER – please specify _____							
<b>If referred by current patient – their name:</b>							
<b>WHAT ARE YOUR HEALTH CONCERNS?</b>							
<b>LIST ALL MEDICATIONS YOU CURRENTLY TAKE:</b>							
<b>PRESCRIPTION MEDICATION</b>				<b>NATURAL MEDICINES/VITAMINS</b>			
<b>Have you ever had a major reaction to any prescription medication, natural medicine, strapping tape or other substances?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No	

**LIST ANY KNOWN ALLERGIES TO:**

PRESCRIPTION MEDICATION	NATURAL MEDICINES/VITAMINS

Have you had any recent blood tests or x-rays?  Yes  No

Can you provide copies of these test results?  Yes  No

**PLEASE LIST ANY MAJOR ILLNESSES YOU HAVE HAD:**


**PLEASE LIST ANY SURGERY YOU HAVE HAD:**


**IS THERE ANY FAMILY HISTORY OF THE FOLLOWING:** Tick any that apply

Diabetes     Stroke     Heart attack     Obesity     Cancer

Arthritis     Other – please specify:

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

WATER	ALCOHOL	SOFT DRINK	TEA	COFFEE

**WHAT IS YOUR STRESS LEVEL?**  HIGH     MEDIUM     LOW

**DO YOU EXERCISE REGULARLY?**  Yes  No    **Approx Hours per week:**

**FEMALE PATIENTS**    **Are you pregnant**  Yes  No    **When was your last menstrual period?**

<b>Signature</b>		<b>Date</b>	
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Please note that payment is due on the day of treatment. We request at least 24 hour notice to change or cancel appointments. A \$50 administration fee may be charged for late cancellations, appointment changes or missed appointments.