Leanne Jenkins-My Naturopath

CLIENT DETAILS:

Title _____Name_____

Address _____P.C._____

Ph: Work _____ Home _____Mobile_____

email: _____

Occupation (current or previous) _____

Date Of Birth _____Male/Female_____Height_____Weight_____

Number of children & ages _____Miscarriages_____

Marital Status _____Partners Name _____

Private Health Fund_____Blood Type_____

Would you be happy to receive correspondence from us, please circle….Yes….No

LIFESTYLE:

Do you have any of the following? 1=seldom used, 2=moderate use, 3=heavy use.

Dairy _____ Bread _____Tea ____ Coffee _____ Water _____ Softdrink _____Alcohol _____

Favourite Foods _____

How often do your bowels move? _____

If you smoke, how many per day? _____

EXERCISE & RECREATION:

Daily exercise _____For how long?_____

What sport do you play?_____How often?_____

What interests & hobbies do you have? _____

Do you get regular fresh air and sunshine?_____How often?_____

Cont/..

MEDICAL:

Name of Medical Doctor(s) _____Ph:_____

Current Medication (incl vitamins etc)_____

Current Health Problems _____

Past Illness/Surgery _____

FAMILY:

Where does **your** birth fall in your family? (Eg: 1st born, 3rd child) _____

Do you or any of your family suffer the following ('S' self, 'M' mother, 'F' father).

Epilepsy _____ Nightmares _____ Insomnia _____ Blood pressure high/low_____

Dizziness _____ Phobias _____ Hayfever _____ Back Problems _____ Asthma _____

Sinus _____ Headaches _____ Candida (thrush) _____ Fatigue _____ Migraine _____

Cancer _____ Stress _____ Diabetes _____ Arthritis _____ Skin problems _____

Bowel Problems _____ Depression_____

List any known allergies _____

Have you ever had a nervous breakdown?_____

State briefly the reason for your visit here today _____

_____

How did you find out about this Practice? Please tick

- Word of Mouth – Name _____ (If you would like to provide a name we are happy to reward people who refer to our Practice)
- Passing By
- Newspaper
- Your Doctor or Health Care Professional
- Yellow Pages
- Television Advertising

Signed_____Date _____

*Please ensure you have no alcohol the night before your appointment

*Please ensure you do have a protein meal (eg: meat, fish & veg/salad - **not** carbs eg: pasta)

*We will require a urine sample when you arrive so please check with reception before using the bathroom.

By doing these things we will obtain the most accurate results from your tests.