

Leanne Jenkins-My Naturopath

www.MyNaturopathOnline.com.au

CLIENT DETAILS:

Title _____ Name _____

Address _____ P.C. _____

Ph: Work _____ Home _____ Mobile _____

email: _____

Occupation (current or previous) _____

Date Of Birth _____ Male/Female _____ Height _____ Weight _____

Partners name _____ Number of Children & ages _____

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) _____

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 _____ Other _____

List any known allergies _____

State briefly the reason/s for your visit here today, in order of priority:

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
- Internet

Signed _____ Date _____

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

*Please ensure you do have a protein meal (eg: meat- **not** carbs by itself eg:pasta with no meat)

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

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