Intrinsic Naturopathy

CONFIDENTIAL
New Patient Form

First name: ..... Last Name: ..... Male / Female

Address: ..... Postcode: .....

Telephone (Day): ..... (AH): ..... (Mob): .....

Email: ..... Birth date: ..... Nationality: .....

Blood Type: ..... Occupation: .....

GP: ..... GP's location: .....

Other Alternative Health Practitioner: .....

Emergency contact: ..... Emergency phone: .....

How did you hear about us? .....

What are your main health issues concerning you *today*?

_____
_____
_____
_____
_____
_____

Treatment to Date:

_____
_____
_____
_____
_____
_____

What major health issues have you had *in the past*?

_____
_____

Allergies *(please indicate)*

Dairy products; soy products; yeast; wheat; gluten; starch; sugars; tomatoes; artificial flavours; colourings; alcohol; metal jewellery; Band-Aids; cleaning products; dust mites; medicines; grasses; pollens; fur;
Other _____

Current Medications and supplements (include prescription, non-prescription, ie. vitamins & herbs, and also contraceptive medication):

Name of Medicine:	Dosage per day:	Since when?	Reason for taking

Smoking: Do you smoke? Yes No If yes how many per day ? _____

Past Smoking History: Nil Light Moderate Heavy Which year did you stop smoking? _____

Please turn over

I understand that:

Case notes remain the property of Intrinsic Naturopathy. I may have access to my case notes on application in writing, accompanied by a copy of appropriate identification. My case notes remain confidential.

Any examination or treatment is on the basis of informed consent.

I consent to the use of my personal health information by Intrinsic Naturopathy and other health care providers involved in my medical treatment and health care within this centre. I consent to discussion of my de-identified case for the purpose of professional support.

I consent to the disclosure of my personal health information by the above named practice to other health care providers involved directly or indirectly involved in my personal health care or medical treatment.

This Practice, both Intrinsic Naturopathy and Unwind mind body soul provides newsletters with regular updates on our services and what is available to you. Do you wish to receive electronic newsletters: Yes No

Signed** (if under 18, parent/guardian to sign)**: …….. Date __/__/__