

New Client Intake Form

Personal details

Surname:

First name:

Date of first visit:

Address:

Phone Number (h):

(w) :

Mobile:

DOB:

Occupation:

e-mail:

Referred by:

GP name and phone no.

Emergency contact name and no.

Presenting health issues

Please list your major health concerns in order of priority and names of any other practitioners who you have seen about them.

What are your expectations of the outcome from treatment?

Past health issues/medical history

Starting from birth, please indicate any serious conditions, illnesses, injuries, accidents, operations, hospitalisations and vaccinations you have had along with approximate dates/age.



Please indicate past and present use of any prescription and natural medicines, along with brand names, quantity and frequency:

Pharmaceutical/prescription medications	Complementary and alternative medicines
Present (eg. Aspirin/other pain killers, birth control pill, laxatives, antacids, sleeping pills etc)	Present
Past (include no. of times you have been treated with antibiotics?)	Past

Family history

Please describe your family's health (include current age or age of death and any major illnesses they have, had, or cause of death):

Paternal		Maternal		Siblings (brothers/sisters)
Father	Grandfather	Mother	Grandfather	
	Grandmother		Grandfather	
Uncles, aunts, cousins		Uncles, aunts, cousins		Other

Lifestyle

What are your current major sources of stress?	Relationships (how would you describe the emotional climate of your home?)
Exercise (what type, how often and for how long?)	Recent changes (shifts, jobs, relationships, renovations etc)
Alcohol (type of alcohol and how much per day or week?)	Hobbies
Smoking (what and how much per day or week?)	Recreational drug use (what and how much per day or week?)