Personal Information

Mrs

Marj

Middle Name

Lo

Mobile phone

Ph: Work

Ph: Home

marjsaturday@gmail.com

03/01/1989

Address line 1

Occupation

Male

Female

Other

Emergency contact

Noriel

Lo

Mobile phone

Husband

Referral source

How did you hear about this clinic?

Social Media

Health History

If you have a history of any of the following conditions, please select below.

- [ ] Heart disease
- [ ] Diabetes
- [ ] Asthma
- [ ] Severe weight loss/gain
- [x] Headaches
- [ ] Autoimmunity
- [x] Dizziness
- [ ] Pregnant
- [ ] Cholesterol
- [ ] Severe fatigue
- [ ] Bruise easily
- [x] Blood pressure
- [ ] Night sweats
- [ ] Skin conditions
- [ ] HIV
- [ ] Epilepsy
- [ ] Thyroid

Health history details

Surgeries

Medicines/Supplements

Alcohol consumption

Smoking

I don't smoke

Excercise

Family history

Currrent complaint

Please provide more information about your current condition.

What is the reason for your visit? _____

When did the problem begin? _____

What caused the problem? _____

What relieves your symptoms? _____

What aggravates your symptoms?

Private Health Insurance

If you have private health insurance that covers you for natural therapies, please provide your details below.

Health Fund

Fund name

Card Number

Number on card

Consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and i give my full consent to treatment. I intend this consent to apply to all future treatments and understand that I must update my service provider with any changes that may occur in my medical history. I understand that a 50% cancellation fee may apply if I do not provide at least 24 hours notice.

- [x] I consent to treatment
- [x] I consent to receiving correspondence via SMS and/or email from my service provider

Name

Marj Lo