

Have you had any past surgeries or broken bones? If yes, please list including estimated dates.

MANY - TOO MANY TO LIST - WILL NEED TO DISCUSS.

Family Medical History:

List any allergies, major illnesses, genetic disorders, and mental health disorders for each of the following members of your family:

Mother: BRAIN CANCER, ASTHMA

Father: HEART BYPASS, ANEURYSM IN LEG, ALZHEIMERS

Siblings: NON HODGKINS LYMPHOMA, PROSTATE CANCER, LUPUS

Maternal Grandmother:

Maternal Grandfather:

Paternal Grandmother:

Paternal Grandfather:

Children:

Other:

Current Medications and Supplements: (please list everything you are taking):

Name of Medicine / Supp	Dosage / day	Since When?	Reason for Taking
LIPITOR	40mg	5yrs	CHOLESTEROL
NEXIUM	20mg	5yrs	STOMACH ACID
GIT IMMUNOBIOLOGIC POWDER	1 TSP	3yrs (INTERMITTENT)	STOMACH DISCOMFORT

Other:

Are you vegetarian or vegan? NO

Are you trying to conceive? NO

If yes, how long have you been trying? —

Do you have any allergies? NO

If yes, please list including symptoms experienced. —

Phone: 0416 373 923

Email: caseyclements@naturopathy.com.au

www.caseyclements@naturopathy.com.au

ANTA Member #23080