

Personal Details, Medical History and Treatment Consent Form

DATE:

Full Name.....

Date of Birth.....**Age**.....

Address.....

Occupation/s.....

.....

Referred By.....

Town.....

Next of Kin (relationship to

Postcode.....

you).....

Phone H..... ()

Next of Kin Ph:.....

M..... ()

Please tick box for preferred contact

E-Mail.....

Work..... ()

Current Medical Practitioner.....

Extras Benefit/.....

Health Fund

Have you been to a Naturopath/Herbalist before? Yes () No () Their Name/Name of practice/How long ago?.....

Please tick boxes that apply to you:

Allergies/Intolerances ()..... Smoker () Recreational Drugs () Pregnant ()

Trying to Conceive ()

Are you currently consulting other health professionals? Please specify:

Physiotherapist () Chiropractor () Remedial Masseur () Osteopath () Psychologist ()

Nutritionist () Other ().....

Main Health Concern:

.....
.....
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.....

Diet Diary:

Do you follow a Special Diet? (such as Vegetarian).....

Do you crave particular food(s) regularly?.....

Please briefly list the range of food that you would eat at these meal times

<p>Breakfast: Time:</p> <p>Symptoms:</p>
<p>Morning Tea: Time:</p> <p>Symptoms:</p>
<p>Lunch: Time:</p> <p>Symptoms:</p>
<p>Afternoon Tea: Time:</p> <p>Symptoms:</p>
<p>Dinner: Time:</p> <p>Symptoms:</p>
<p>Evening Snack: Time:</p> <p>Symptoms:</p>
<p>Water: (No. of glasses/litres in a day)</p> <p>Coffee/Tea/Herbal Tea: (No. in a day)</p> <p>Soft Drink/Milk & Energy Drinks: (No. in a day)</p> <p>Alcohol: (No. in a day or week)</p> <p>Other:</p>

Please specify how often you would eat these foods in one week		
Animal Red Meat..... White Meat..... Deli Meat..... Fresh Fish..... Canned Fish..... Other Seafood..... Eggs.....	Dairy Milk..... Yoghurt..... Cheese..... Butter/Margarine..... Dairy/Milk Alternatives.....	Soy (GMO or Non GMO) Soy Milk..... Tofu/Tempeh/Miso..... Other soy proteins (such as soy sausages).....
Legumes (such as chickpeas, kidney beans, lentils) Nuts and Seeds	Grains (please specify type) Bread..... Pasta..... Rice..... Biscuits..... Cereals..... Other.....	Fruit Vegetables/Salad Vegetables
Treats/Processed Foods Chocolate (type)..... Lollies..... Chips..... Deep fried foods..... Cakes/Bakery products..... Ice cream..... Takeaway food..... Other.....		

Sign Here.....

Date / /20

By signing, you give Des Lardner's Organic and its practitioners consent to treatment and agree to have personal records kept regarding your health and personal details. You also understand that Des Lardner's Organic and its staff may use these records to contact you but, at no time will information be divulged with any other third party in any way without your consent. Thank you for your time, patience and commitment towards assisting us with your health concerns.