HARMONY MYOTHERAPY

New Patient Form

Name:	
Date of birth:	**Age:**
Address:	**Postcode:**
Mobile:	**Phone:**
Email:	
Emergency Contact Name:	
Emergency Contact Phone:	
Health Fund ***(if applicable):***	**Occupation:**
How did you find us? Google__Friend/Family__Signage__Facebook__Referral__other_____	

Reason for booking appointment?

_____

_____

Were you referred by anyone?

_____

Are you pregnant, nursing or trying to conceive? YES / NO.

List all major injuries, including surgeries and/or hospitalisations you may have had?

_____

_____

_____

List all medications you may take including over the counter medications, supplements, homeopathy, and home remedies.

_____

_____

Please outline your activity/exercise

_____

_____

How much water to you drink on average per day?_____

Please circle your stress level:----VERY LOW------LOW------MODERATE------HIGH------EXTREMELY HIGH----

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Please complete the table below. Tick any conditions that have you may have experienced and add a note if applicable:

	Tick	Note:		Tick	Note:
Stroke			***Headaches***		
High blood pressure			***Migraines***		
Low blood pressure			***Osteoporosis***		
Heart complications			***Asthma***		
Diabetes			***Low energy***		
Epilepsy			***Chronic Fatigue***		
Dizziness			***Fibromylagia***		
Arthritis			***Digestive issues***		
Disease			***Hepatitis***		
Autoimmune conditions			***Cancer***		
Depression			***Incontinence***		
Anxiety			***Hot flashes***		
Bleeding disorder			***Joint replacement***		
Other;			***Pacemaker***		
Other;			***Other;***		

Are you currently under the guidance/treatment of any other practitioners? If so, please complete below;

Practitioner	Tick	Name of practitioner	Clinic Name and Address
Doctor			
Physio			
Chiro			
Osteo			
Dentist			
EP or PT			
Naturopath			
Homeopath			
Other			