

Confidential QUESTIONNAIRE for NEW PATIENTS



Email your completed form to me so we can arrange your consult:

contact@integrityhealth.com.au

Date _____

Name _____

Male/female/other _____

Address _____

P/Code _____

Email _____

Phone (w) _____ (h) _____ (mob) _____

Living Arrangements e.g with children and ages _____

With partner _____ Single _____ Other _____

Date of Birth _____ Occupation _____

Name of Private Health Insurance _____
(for Remedial Massage only)

How did you find out about the clinic? _____

Main Condition/Issue(s) _____

Past accidents _____

Past operations _____

Past illnesses/allergies _____

Current Medications (Medical & Naturopathic) _____

Family Medical History _____