

Confidential QUESTIONNAIRE for NEW PATIENTS



Please 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) _____

Date of Birth _____ Occupation _____

Name of Private Health Insurance _____
(for Remedial Massage & some Private Health Funds for Naturopathic Consultations)

How did you find out about the clinic? _____

CURRENT SITUATION

Living Arrangements e.g with children and ages _____

With partner _____ Single _____ Other _____

Main Condition/Issue(s): _____

Current Medications (Medical & Naturopathic):
(Please list the brand names, doses and length of time you've been taking these.)

(Please continue to next page)



PAST HISTORY:

Past accidents _____

Past operations _____

Past illnesses/allergies _____

Family Medical History _____

CONSENT: (please sign and date):

I, _____, understand that Jen Stroh is a Naturopath and NOT a Medical Doctor. I permit her to keep my records securely and confidentially. I can request the return of my Blood test results or other investigations at any time.

Signed: _____

Date _____