

Please complete and if possible return prior to your first appointment to gailtumes@gmail.com. If unable to return prior then please print and bring the form with you to your first appointment

PERSONAL DETAILS:			
Name:		Date:	
Address:		Postcode:	
PHONE:	Home	Work	Mobile
Email:			
Marital Status:		How did you hear about us?	
Have you liked us on Facebook? If not please do 😊			
NDIS	YES / NO	ID No.	LAQ Member YES / NO

HEALTH HISTORY: Please provide as much detail as possible. Our body remembers at a cellular level so no injury, illness, trauma or condition experienced is insignificant. Our adult life can still be influenced even by something that we experienced in childhood. If required, add an additional page.				
Male/Female	Age:	DOB:	Occupation:	Years:
Weight:	kg	Height:	cm	
Do you smoke?	Y	N	No/per day	Alcohol? Y N No/per day

Surgeries (no matter how hold): YES NO What/Where: When: Treatment received:	Dislocations / Fractures / Implants / Reconstructions <i>(please circle):</i> YES NO What/Where,; When: Treatment received:
High or Low Blood Pressure <i>(please circle)</i> Is it managed? YES NO	Significant trauma <i>(include any injuries/traumas you can remember even as a child)</i>
Medications / Supplements <i>(please circle)</i> YES NO	Pregnancy: YES NO No. of Children: Natural or C Section Could you currently be pregnant? YES NO

DIET & LIFESTYLE:				
Diet:	Good	Average	Poor	Recreation/sport/hobbies:
Water intake:	1-2L	2-3L	3+L / per day	

