CLIENT INTAKE FORM



Please complete and if possible return prior to your first appointment to <u>gailtumes@gmail.com</u>. 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	e	
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:		Oce	cupati	ion:		Years:
Weight:	kg		Height:	cm					
Do you smoke?	Y	Ν	No/per day		Alcohol?	Y	Ν	No/per day	

Surgeries (no matter how hold): YES NO What/Where: When: Treatment received:	Dislocations / Fractures / Implants / Reconstructions (please circle): YES What/Where;: When: Treatment received:
High or Low Blood Pressure (please circle)Is it managed?YESNO	Significant trauma (include any injuries/traumas you can remember even as a child)
Medications / Supplements (please circle) 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 intak	e: 1-2L	2-3L	3+L / per day		

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CONDITIONS: General (please tick) and add any additional information in the section below

Adrenals (Blood/Fat/Sugar hormones) □ Allergies (list below) Anxiety / Stress Asthma/Difficulty breathing Bedwetting \square Bleed or Bruise easily □ Cardiovascular (Circulatory) □ Carpel tunnel Chest pain Child behaviour □ Cold hands and feet Constipation / Diarrhoea Dental work (plates/crowns) Depression Diabetes □ Dizziness/Fainting Digestive conditions Endocrine system Eye pain □ Facial pain Fevers Fibromyalgia □ Gallbladder Inflammation Intergumentary (Skin disorders) □ Jaw clicks / misalignment / pain Knee / Leg pain Lymphatic disorders □ Menopause / menstrual problems □ Muscular disorders Neck pain □ Nervous disorders Neuropathy □ Numb arms/ hands / feet / legs □ Other bone/joint problems Palpitations Pins & Needles Poor mobility Pre/Post Surgery scarring □ Reproductive system / Infertility Respiratory / Colds / Flu Prostate RSI/tennis/golf elbow Scoliosis Scars Sinus issues □ Sleeping problems / insomnia Spinal conditions Stress & Tension □ Tissue trauma Varicose veins Venous compromised

Please add detailed information for the items ticked above and ANY other conditions/injuries not indicated prior. Include any additional family health history and add additional page if required.

DO YOU HAVE ANY SCARS?

(NB scars are not just those we can see. Micro tears can occur from injuries like rolling your ankle, a fall where you landed on your shoulder. OR what about that time you fell over and have a tiny scar on the back of your head??? IT doesn't matter how old or new the scarring is it can have an impact long-term)