

SURNAME:		DATE today:		Current Medicines
FIRST NAMES:		DOB:		
ADDRESS:		AGE:		
		Your GP:		
PARENT NAME				
PHONE HM:		MOBILE:		
PHONE WK:		EMAIL:		
FAX:				
List Past Medical History		Family History		Current Supplements
	date	Father:	Mother:	Siblings
		Dental Health		Medicine allergies
		Amalgams how many?		
		Infections _____		
		Other ? _____		
Special tests or procedures				
Type	Date	Why	Result	Food intolerances
				Chemical intolerances
Make brief notes of important health events				
Pregnancy problems				
Birth atweeks gestation				
Condition at birth				
First month problems?				
Breast fed for months				
Formula started at months				
0-6 months health				
6-12 months health				
✓ Tick which type of Diet?				
1 yr NZ Normal				
2 yr Vegetarian/Vegan				
3 yr Low carb				
4 yr Not very good				
5 yr Other --				
5-10 yr				
10-15yr				
✓ Tick if you eat or use -				
Vaccinations some AllNone				
Artificial sweeteners				
Caffeinated drinks				
Energy drinks				
Perfume/aftershave etc				
Anti-perspirants				
Environmental				
How old is your home -				
It is - dry damp				
Weed/insect sprays				
excema		concentration poor		
asthma		on the go always		
very windy		energy poor		
bowel trouble		appetite poor		
irritable, crying lots		fussy eater		
mucousy, nose		behaviour problem		
ear infections		social problems		
chest infections		food allergies		

WHAT ARE THE MAIN HEALTH PROBLEMS THAT CONCERN YOU

1
2
3
4
5
6
Other Comments?

GENERAL HEALTH INFORMATION

Go through and ✓ if you have :

Digestion System ✓		Brain and Nerve System	
heartburn, reflux		anxiety	
bloating		depression	
wind		mood disorders	
abdominal pain		learning problems	
constipation			
loose stools		vision problems	
blood in stools		hearing problems	
mucus in stools		poor memory	
irritable bowel		migraines	
mouth ulcers		headaches	
don't like fat			
sweet craving			
change in bowel habit			
intestinal infections			
Respiratory System ✓		Heart and Circulation	
hayfever			✓
sore throats		poor circulation	
cough		blood disorder	
asthma		anaemia	
sinus trouble		short of breath	
mucus in throat			
chest infections			
Immune System ✓		Muscles, Joints ✓	
skin infections		sore muscles	
sore throats, colds		weakness	
chest infections		losing muscle	
bladder, kidney		pain in joints	
cold sores		swelling joints	
thrush (candida)		back or neck pain	
other infections ?			
Skin			
	✓		
acne			
psoriasis			
dermatitis			
excema			
rashes			
poor nails			
poor hair			
dry skin			