Welcome to

Brisbane's Most Awarded Clinic

- Winner Business Achievers Award 2006, 2008, 2009 & 2011
- Inducted into Business Achievers Hall of Fame 2009
- Winner LPA Outstanding High Achievement Award 2011

Thank you for choosing our services. To assist us in providing you with the best care, please complete the following pages.
Please note that all information provided will be treated with strict confidence.

Date
Title (Mr/ Mrs/ Ms/ Miss/ Other) First name Surname
Preferred first name (if different to above) Date of birth
Address
Suburb Postcode
Home phone Work phone Mobile
Which of the above phones is your preferred method of contact?
Email address Occupation
Health Fund Emergency Contact Ph

How did you find out about the Clinic?

- Online Yellow Pages
- Internet search for
- Brisbane Yellow Pages
- Local/ Ipswich Yellow Pages
- Flyer or brochure
- Passing by
- I was referred to the Clinic by (name(s) please)
- Centenary News
- South West News
- Satellite newspaper
- Gift Voucher
- Spring Lakes Natural Medicine client
- Other

What type of therapy (or therapies) would you prefer?

- Massage
- Naturopathy/ Weight Loss
- Bowen Therapy
- Plus Free Health Assessment (value $120)
- Acupuncture
- Allergy Testing and /or Treatment
- Kinesiology
- Not sure which

Do you have a preference for a particular therapist? Which one?

What level of care would you prefer?

- I have a particular problem that I would like seen to (Symptomatic Care)
- I have a particular problem that I would like seen to, and I want to stop the problem coming back again in the future (Corrective Care)
- I have a particular problem that I would like seen to, and I want to look after my health and enjoy a long healthy life (Corrective Care)

My long-term health goals are

Would you like to receive our Newsletter? Yes No Email Post

Our policy is that any missed appointments, or appointments cancelled with less than 24 hrs notice, must be paid for, so if you would like us to send you a reminder the day before an appointment, please tick one of the boxes However, not receiving a SMS or an email **will not be accepted** as a reason for missing an appointment

SMS reminder Email reminder

Please sign or type your name

"My life is so much better now!"

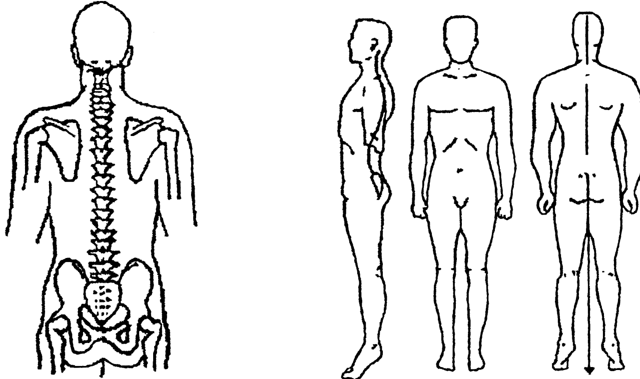
All information provided is strictly confidential.

Office Use

Date

Name

Please mark any specific areas of pain or discomfort on the diagram below, or describe them here



Indicate the level of pain you are experiencing

No pain Extreme pain

Primary reason for visit

Physically related job duties

What type of treatment have you been receiving? e.g. chiropractic, physiotherapy. How many treatments have you had?

If you are currently under the care of another health care professional for this condition, please provide their name, location, and their phone number if possible

What medication or tablets do you take? (Including pain killers.)

What sports or exercise do you do?

Please mark if you have had any of the following symptoms/ conditions (past or present)

	A.I.D.S., HIV		Dizziness		Numbness/ Tingling
	Allergies		Eczema		Osteoporosis
	Arthritis		Epilepsy		Poor Circulation
	Asthma		Fatigue/ Chronic Fatigue Synd		Pregnant
	Back Problems		Glandular Fever		Psoriasis
	Blood Clotting		Headaches		Recent Surgery
	Blood Pressure (high/ low)		Heart Problems		Sciatica
	Breathing Difficulty		Hepatitis		Sinus Problems
	Broken Bones		Infectious Condition		Sprains/ Strains
	Cancer		Jaw Pain/ TMJ Syndrome		Stress
	Carpal Tunnel Syndrome		Joint Replacements		Swelling
	Chest Pain		Migraines		Varicose Veins
	Diabetes		Muscle/ Joint Pain/ Injury		

Would you like to find out about treatments for these or any other conditions? If so, which ones?

Free service

Would you like an SMS once or twice a week advising what massage times are available? Yes No

I have provided all known health-related information. I understand that natural therapy does not replace medical diagnosis and treatment.

Please sign or type your name