

Sutherland Shire Naturopathic Clinic

TRACIE ACHESON ND & COLLEAGUES

1. CLIENT DETAILS

*Indicates compulsory fields

Mr / Mrs / Miss / Ms / Other	Male / Female / Transgender / Intersex / Other*	
Surname	Given Name*	
*Date of Birth	*Address	
*Suburb	*State	*Postcode*
Phone / Mobile*	Email*	
Marital Status	Children	Ages F / M
Occupation	Health Fund	
How did you hear about the clinic?		

2. MEDICAL HISTORY

Past Medical Illnesses / Conditions. Please include age of onset and year of illness.

Hospitalisations / surgeries / accidents. Please include how old you were or the year.

Allergies / sensitivities / intolerances / reactions.

Pharmaceutical Medications. Please include strength and dosage.

Natural Supplements (includes herbal or nutritional). Please include brand, strength and dosage.

3. PRE - ASSESSMENT QUESTIONNAIRE

What is your main presenting concern / condition today?

Water intake (litres or glasses day)

Alcohol intake (per day / per week)

Coffee / Tea / Soft drink / Hot chocolate (per day)

Are you a smoker? If yes, quantity / day?

4. PAST & CURRENT

Please tick (✓) all current or past conditions that apply to you (C - Current and / or P – Past).

Symptoms	C	P	Symptoms	C	P	Symptoms	C	P	Symptoms	C	P	Symptoms	C	P
Digestion			Digestion			Digestion			Digestion			Digestion		
Bloating			Bloating			Bloating			Bloating			Bloating		
Constipation			Constipation			Constipation			Constipation			Constipation		
Diarrhoea			Diarrhoea			Diarrhoea			Diarrhoea			Diarrhoea		
Nausea			Nausea			Nausea			Nausea			Nausea		
Reflux			Reflux			Reflux			Reflux			Reflux		
Indigestion			Indigestion			Indigestion			Indigestion			Indigestion		
Symptoms	C	P	Symptoms	C	P	Symptoms	C	P	Symptoms	C	P	Symptoms	C	P
Digestion			Digestion			Digestion			Digestion			Digestion		
Bloating			Bloating			Bloating			Bloating			Bloating		
Constipation			Constipation			Constipation			Constipation			Constipation		
Diarrhoea			Diarrhoea			Diarrhoea			Diarrhoea			Diarrhoea		
Nausea			Nausea			Nausea			Nausea			Nausea		
Reflux			Reflux			Reflux			Reflux			Reflux		
Indigestion			Indigestion			Indigestion			Indigestion			Indigestion		
Symptoms	C	P	Symptoms	C	P	Symptoms	C	P	Symptoms	C	P	Symptoms	C	P
Digestion			Digestion			Digestion			Digestion			Digestion		
Bloating			Bloating			Bloating			Bloating			Bloating		
Constipation			Constipation			Constipation			Constipation			Constipation		
Diarrhoea			Diarrhoea			Diarrhoea			Diarrhoea			Diarrhoea		
Nausea			Nausea			Nausea			Nausea			Nausea		
Reflux			Reflux			Reflux			Reflux			Reflux		
Indigestion			Indigestion			Indigestion			Indigestion			Indigestion		

5. CANCELLATION POLICY FOR APPOINTMENTS

We understand that there are times you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to seemingly “full” appointment book.

If an appointment is not cancelled at least 24 hours in advance you may be charged a fifty-dollar (\$50) fee.

I, _____ have read the above Cancellation Policy and understand that a \$50 fee may apply should I fail to give 24 hours' notice.

Signature Patient/Guardian

Date