

Patient Information Form

Last Name: _____	Complimentary Health: _____
First Name: _____	Regular GP: _____
Marital Status: _____	Medical Practice: _____
Gender: M / F	Dentist: _____
Date of birth: _____	Medical History: _____
Name of Spouse/Guardian: _____	(Operations / Accidents) _____
Children / Age: _____	
Home Phone: _____	Dental History: _____
Mobile: _____	
Work Phone: _____	Medication: _____
Email: _____	
Are you happy to receive my monthly newsletters with tips? Y / N	
Home Address: _____	Allergies / Intolerances: _____
Suburb: _____	Supplements: _____
City: _____	
Post Code: _____	Do you drink alcohol? _____
Occupation: _____	Do you smoke? _____
Employer Name: _____	
Employer Address: _____	Meals - Breakfast: _____
	Lunch: _____
What fitness do you do? _____	Dinner: _____
	Fluid intake: _____

General Information

General:

- High / low blood pressure
- Osteoporosis
- Seizures / convulsions
- Arthritis
- Dyslexia
- Boils, sprains/strains, ulcers
- Bladder infections
- Emotional issues
- Colic / Reflux
- Prostate problems
- Bowels too loose / too constipated

Head:

- Double vision
- Ear ache
- Ear infection
- Tinnitus
- Headaches
- Migraines
- Loss of memory

Neck:

- Pain with movement
- Stiff neck
- Grinding sounds
- History of neck pain
- Thyroid
- Grinding teeth
- Clicking / Popping
- Facial restrictions

Shoulders:

- Can't raise arms
- Other

Females:

- Pregnant _____ # months
- Menstrual pains
- Irregular cycles
- Hysterectomy
- Ovarian cysts
- Infertility
- Vaginal infections

Hips, Legs and Feet:

- Leg cramps
- Feet feel cold
- Swollen ankles
- History of blood clots

Back:

- Where: _____
When: _____

Arms and Hands:

- Hands cold
- Shooting pains
- Numbness
- Tingling
- Circulation

Other health conditions:

Primary Concern: _____

P.T.O.

Family Medical History

Cardiovascular Arthritis Obesity Alcoholism
 Diabetes Cancer Mental Illness Stroke

CranioSacral Therapy / Reflexology

Have you experienced CST/R before? Y / N

How was your experience? _____

How did you hear about Gill Redden Cranio?

Previous Patient Signage Specialist Doctor

Internet - What words did you put in? _____

Other - Please specify: _____

Why did you choose us?

Reputation Location Opening Hours Advertising

First place I called Testimonials Able to get appointment

Other - Please specify: _____

Life happens! Kids get sick, the dogs needs to go to the vet, it's the only time you can get to the dentist, you are feeling under the weather, you just forgot to come...

If I have to put time aside for you and you don't come, I still charge you!

Please note that 24 hours notice of cancellation must be given to avoid full treatment charge.

Signature: _____

