PAIN RELIEF AND WELLNESS CLINIC

INTAKE FORM

All client file and clinical information is confidential and paper based. Only name, phone number & email are kept digital

Name_____Private health fund/insurer_____

Referral/how did you hear about us?(eg friend, web, walk by etc)_____

Address_____ Suburb_____post code_____

Mobile No_____ email_____

Work No_____Home No_____ Date of birth_____

Occupation_____ Height _____ Weight_____

Main Complaint_____

_____

Any Formal Diagnosis(medical)_____

Background

Childhood Disease/problems/birth complications (age)_____

_____

Adult Injuries(age) _____

_____

X-ray/scans_____

Broken bones/fractures_____

Surgeries_____

Painful areas_____

What level of pain (please circle) no pain - 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 worst pain

Drugs, Medications, supplements : _____

Other treatment / therapy:_____

Exercise / Hobbies _____

Do you sleep well_____average hours_____

Diet / Food (allergies, lots of take out etc)_____

Do you have any of the following (please circle) : Infection disease, cancer, diabetes, high blood pressure, compromised / auto immune, heart disease, hepatitis, Asthma, seizures, Currently pregnant.
Comment. _____

Family history - Any health problems in blood related relatives, eg. cancer, diabetes.

_____

_____

symptom list:
Please circle ⬭ current symptoms and underline_____ ones from the past

General: Lack of energy, hyperactive, fever, insomnia, depression, anxiety, high stress levels (occupational , emotional), sweat easily, night sweats, sweaty hands and feet or anywhere else, poor concentration, localised weakness, skin - acne, rash, psoriasis, eczema, dry skin,

Musculoskeletal: Arthritis, myofascial pain syndrome, fibromyalgia, chronic fatigue, tendinitis,

Digestive: Poor appetite, Large appetite, vomiting, nausea, loose stools, diarrhoea, constipation, haemorrhoids, indigestion, gall bladder problems, excessive gas, ulcers, irritable bowel, acid reflux,

Urinary/Reproductive: Urgency, frequency, wake to urinate, pain on urination, Kidney pain,

Female: periods-irregular-light-heavy- painful-PMS, menopause, infertility, low libido, Frequent UTI, emotional, PCOS

Male: Prostate problems, impotence, low libido, infertility.

Ears, eyes, nose and respiratory: Tinnitus, vertigo, decreased hearing, blurred vision, spots in vision, eye inflammation, sinus and head cold, allergy, hay fever, teeth grinding, gum problems/bleeding, cough, asthma, lung disease, frequent respiratory infections, temporomandibular dysfunction/jaw.

Cardio vascular / Circulation: Elevated cholesterol, High / low blood pressure, blood clot, fainting, headache, migraine, pressure in chest, shortness of breath, anaemia, fast pulse (↑ 100BPM), Slow pulse (↓ 60 BPM), irregular pulse, nausea, Cold hands and feet,

Hormone/auto immune/inflammatory: low thyroid, overactive thyroid, diabetes, Crohn's disease, lupus, low immunity, colitis,

Lifestyle: Cigarettes, vape, alcohol, marijuana, cocaine/amphetamine/MDMA/ uppers,

Other/anything else: _____

Please note acupuncture and massage can, though rarely cause superficial bruising. After the treatment some people find they can be light headed. This is temporary only lasting a short while. Some muscular discomfort can also be present for a day or two after treatment. Any Questions please ask the practitioner.

I have disclosed my relevant details to the best of my knowledge

sign_____date:_____