

**ASSIRAM NATURAL THERAPIES**  
**Naturopathy – Confidential Patient Record**



Date:.....  
 Name:..... D.O.B: .....  
 Home Phone: ..... Work Phone:..... Mobile :.....  
 Address:.....  
 Occupation:.....Marital Status:..... Age of children:.....  
 Do you have Private Health Insurance?  No  Yes Name of Health Fund: .....  
 May we email you special offers and health and well-being information?  Yes  No  
 E-mail:.....  
 (We respect your privacy and will not submit your e-mail to any other party)

**How did you hear about us?**

- Walking past clinic
- Yellow/White Pages
- Gift certificate
- Other.....
- Advertisement/flyer
- Web site
- Web advertising
- A friend told me

(To enable us to thank your friend please write their name) .....

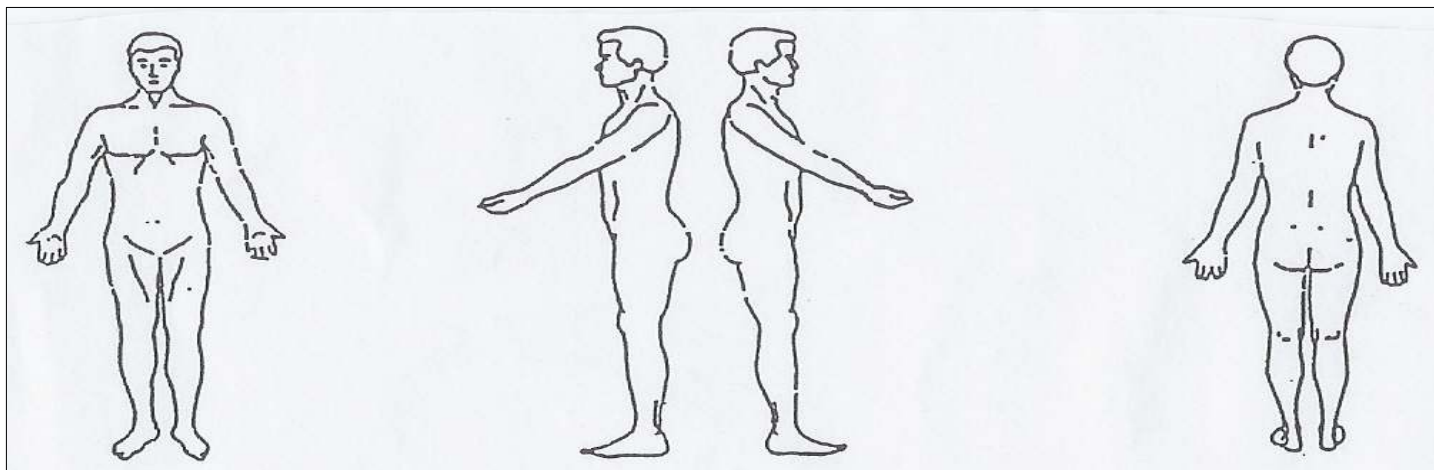
**Medical History:**

**For Female clients: Are you pregnant?:**  No  Yes If Yes how many weeks?.....

Reason for visit today or Main Complaint:  
 .....  
 .....

Previous conditions / treatment:  
 .....  
 .....

Please indicate the areas of the most concern on the diagram/s below:



On a Scale of 1 to 10 (10 being extremely painful) what is your current level of pain? .....

How long has it felt like this? .....

GP/Referring Health Care Provider .....

Do you suffer from any other medical conditions or have any contagious, or infectious diseases? (Hep C, HIV etc)

Please specify: .....

Are you taking any medication?  No  Yes, Please specify: .....

.....

Are there any medical conditions that run in the family?

.....

## ASSIRAM NATURAL THERAPIES

### Naturopathy - Patient Record (continued)

To help us gain a greater understanding and to approach your treatment holistically please **CIRCLE** below any relevant signs or symptoms that you may be experiencing in the areas indicated.

Indication	Signs & Symptoms							
<b>Sleep</b>	Cannot	Too much		Not enough		Easily disturbed		Dreams
<b>Headache</b>	Frequency:		Location:	Frontal	Back	Left	Right	Top
<b>Ear</b>	Ringling	Poor hearing		Pain	Dizziness			
<b>Nose</b>	Blocked	Runny	Bleeds	Sneezing				
<b>Throat</b>	Pain	Phlegm	Dry	Itchy				
<b>Chest</b>	Cough	Difficulty breathing		Heaviness	Palpitations	Pain		
<b>Thirst</b>	No Thirst	Always thirsty		Thirst for cold		Thirst for hot		
<b>Appetite</b>	Strong	Normal	Poor					
<b>Diet</b>	Vegetarian	Vegan	High Protein		Junk Food	Balanced	Other:	
<b>Stomach</b>	Nausea	Vomiting	Distension	Pain: Upper / Lower				
<b>Menstrual Cycle</b>	Regular	Irregular	Painful	Heavy	Light	Spotting	Menopause	
<b>Bowels</b>	Constipation	Loose Stools		Frequency:				
<b>Urine</b>	Copious	A Little	Colour:	Light	Dark	Odourless		
<b>Skin</b>	Dry	Oily	Itchy	Puffy	Rashes	Eczema		
<b>Stiffness</b>	All Over	Neck	Shoulders	Arms	Legs	Back: Upper / Mid / Lower		
<b>Numbness</b>	Fingers	Hands	Arms	Legs	Feet	Other:		
<b>Energy</b>	Fatigued	Okay	Abundant	Erratic				
<b>Constitution</b>	Easily catch colds		Aversion to cold		Aversion to heat		Aversion to wind	
<b>Cravings</b>	Sweet	Sour	Salty	Bitter	Spicy	Other:		
<b>Alcohol</b>	..... Drinks per day / week			None	Very rarely			
<b>Cigarettes</b>	.... .. Cigarettes per day / week			None	Only socially			

#### **Disclosure Statement**

I (print name)..... declare that all answers and statements contained in this personal record, are true and complete. I understand that the Naturopath does not diagnose illness, disease or any other physical or mental disorder, does not prescribe medical treatment and does not perform spinal manipulations. It has been made very clear to me that Naturopathy is not a substitute for medical diagnosis and treatment. I understand that the Naturopath must be aware of all past and present physical conditions, I have stated all known medical conditions and take it upon myself to keep the Naturopath updated on my physical health.

**Chillout Enterprises Pty Ltd trading as Assiram Natural Therapies (the Company)** is in the business of providing facilities to practitioners to carry out their professions as natural therapists. Each practitioner is an independent contractor of the Company and is not an employee. Each practitioner has taken out and is covered by malpractice insurance in that practitioner's name. I have read and understand this Disclosure Statement.

Signature.....

Date...../...../.....