

Registration form/Health systems questionnaire

Personal details

Please fill in the following information and bring this form to your first consultation with Lucy Peel.

Full Name:		Date of Birth/Age:	
Address:		Telephone nos:	
Email:			
Name of doctor/practice address (if known):		Permission to contact medical doctor?	Yes/No

Please list any prescribed or over the counter medications you currently take here:

Please list any nutritional, herbal or other supplements you currently take here:

Are you under the care of a medical team or consulting any other practitioners at this moment? Yes/No

Please give brief details here:

Do you have any known allergies?

Have you ever been to a Naturopath before?

How did you hear about Lucy Peel?

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Please **highlight any of the health concerns that you may currently be experiencing** and make any notes where you feel it is relevant.

Do you suffer with any of the following health conditions?

Head:

Headaches, Migraine, Dizziness, Fainting

Skin, hair, scalp & nails:

Acne, Eczema, Psoriasis, Other rashes, Hair Loss
Dandruff, Excess Sweating

Eyes:

Eyestrain, Light Sensitivity, Blurred/Double Vision, Watering

Ears, nose & throat:

Deafness, Ear Noises, Wax Accumulation, Earaches, Sinusitis
Loss of smell, Blocked nose, Frequent Colds, Hay fever
Allergies, Catarrh, Sneezing, Swollen Glands, Infections
Nosebleeds

Mouth, teeth & gums:

Ulcers, Coldsore, Toothache, Abscesses, Lost/Loose Teeth

Neck, shoulders & arms:

Aching, Tension, Arm Pain, Tingling, Cold Hands
Joint Pain

Chest:

Pains, Tightness, Breathing Difficulty, Coughs, Wheezing
Palpitations

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Digestive System:

Acidity, Burning, Bleeding, Wind, Indigestion, Burping, Nausea
Vomiting, Bloating, Constipation, Diarrhoea, Haemorrhoids, Fissures
Change of stool colour

Urinary System:

Thirst, Urinary frequency (day/night), Burning, Infections
Restricted flow, Change in urine colour or smell

Female System:

Menstrual Irregularities, Cramps, PMT, Menopause, Hot Flushes
Loss of Libido, Discharge, Infections, Infertility, Breast lumps
Breast tenderness

Male System:

Erection problems, Loss of Libido, Infections, Lumps, Discharges
Infertility

Back, hips & legs:

Lower back pain, Sciatica, Joint Pains, Pins & Needles, Cold Feet
Varicose Veins, Swollen Ankles

Nervous System:

Weakness, Poor Co-ordination, Memory Loss, Difficulty Concentrating
Numbness, Coldness

Miscellaneous:

Thyroid Dysfunction, Cancer, HIV, Blood Pressure, Blood Sugar Issues

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