Helena Valley Chiropractic

Welcome Form - Homeopathy

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your health, for years to come.

First Name _____ Surname _____

Address_____

Suburb_____ State_____ Post Code _____

Home phone _____ Work_____ Mobile_____

Email address _____

Sex____ Age _____ Birth Date_____ Marital Status_____

Occupation _____ Employer _____

Whom to notify in case of emergency _____

Name of Medical Practitioner _____

Which private health fund are you currently with? _____

Whom may we thank for referring you _____

REASON FOR *THIS VISIT*

Your reason for *this* visit _____

Have you ever seen a **Homeopath**? Yes/No If yes, when and why? _____

_____

Please describe your symptom/health concern as fully as possible _____

_____

_____

_____

_____

_____

When did symptoms begin? _____ Have you had similar conditions in the past? _____

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Liforce Pty Ltd T/A Helena Valley Chiropractic
ACN: 117424807

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PATIENT HEALTH HISTORY

Please describe any past major emotional or psychological trauma_____

_____

_____

_____

Please list any medication you are taking: _____

_____

_____

Please list and describe any *serious* injuries or surgical operations you have had in the *last 10 years*:

Falls _____ Head Injuries _____

Broken Bones_____ Dislocations_____

Operations _____

Other serious injuries_____

Are you pregnant? Yes/No If so, how many weeks? ____ Are you breast feeding? Yes / No

MEDICAL CONDITIONS Of the following please tick those that apply to you:

Heart attack/stroke	Shingles	Neck Pain	Headaches/migraines
Heart defect	HIV positive	Jaw pain	Ear aches
Emphysema	Diabetes	Shoulder pain	Ringing in ears
Tuberculosis	Arthritis	Arm pain	Dizziness
Fainting	Kidney problems	Wrist pain	Difficulty breathing
Hepatitis	Colitis	Low back pain	Psychiatric problems
Anaemia	Ulcers	Leg pain	Drug abuse
Cancer	Artificial joints	Epilepsy	

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself / my child. I understand that Robin Clark is a homeopath and does not diagnose any disease or condition. I understand that the goal of homeopathy is to increase my / my child's general vitality and constitutional strength.

Signed…… Date……..

Print Name……..

Any information you give to our clinic will always be held in the strictest confidence. At no time will any information you provide to us be shared, sold, disseminated, discussed or displayed without your express permission.
The doctor/patient relationship will be adhered to in all circumstances

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