



Heighten Health

Please take the time to fill out this form correctly to ensure the most appropriate treatment is chosen for you. Any information you provide will be treated with complete confidentiality as detailed in the Code of Professional Ethics of the Australian Natural Therapists Association.

Title: _____ First Name: _____

Surname: _____

Address: _____

Home phone: _____ Mobile: _____

Occupation: _____

Email: _____

Birth Date: _____

Would you like to be contacted by SMS or Email for special clinic offers? Yes or no

Emergency Contact: _____ Mobile: _____

How did you hear about us? _____

I understand that:

- Consultations include going through client history and body assessment as part of the treatment process
- The physical examination received may involve partial undressing and palpation
- Consent must be obtained before a specific treatment can commence
- Post-treatment soreness is not unusual
- With your approval, your clinician may use techniques such as dry needling and/or cupping.
- At any time during the treatment process termination may be chosen if necessary
- In the event of cancellation of an appointment at least 24 hours notice must be given otherwise a fee of \$40 may occur. Failure to show up without a notification will be charged as a full price of consultation.
- In the event of illness clearance from your Doctor needs to be obtained before the commencement of further treatments
- In the event of Cold / Flu or other Viral / Bacterial infections treatments will be suspended over the period of the illness; cancellations need to be made prior.

Signature _____ Date _____

HEALTH HISTORY SCREEN

Do you have any chronic conditions?

Have you had any previous injuries?

Have you had any previous surgery?

Are you taking any medications? Yes no

Please list all medications and dosages.

Do you undertake any sport or physical recreation? If so, what? How often?

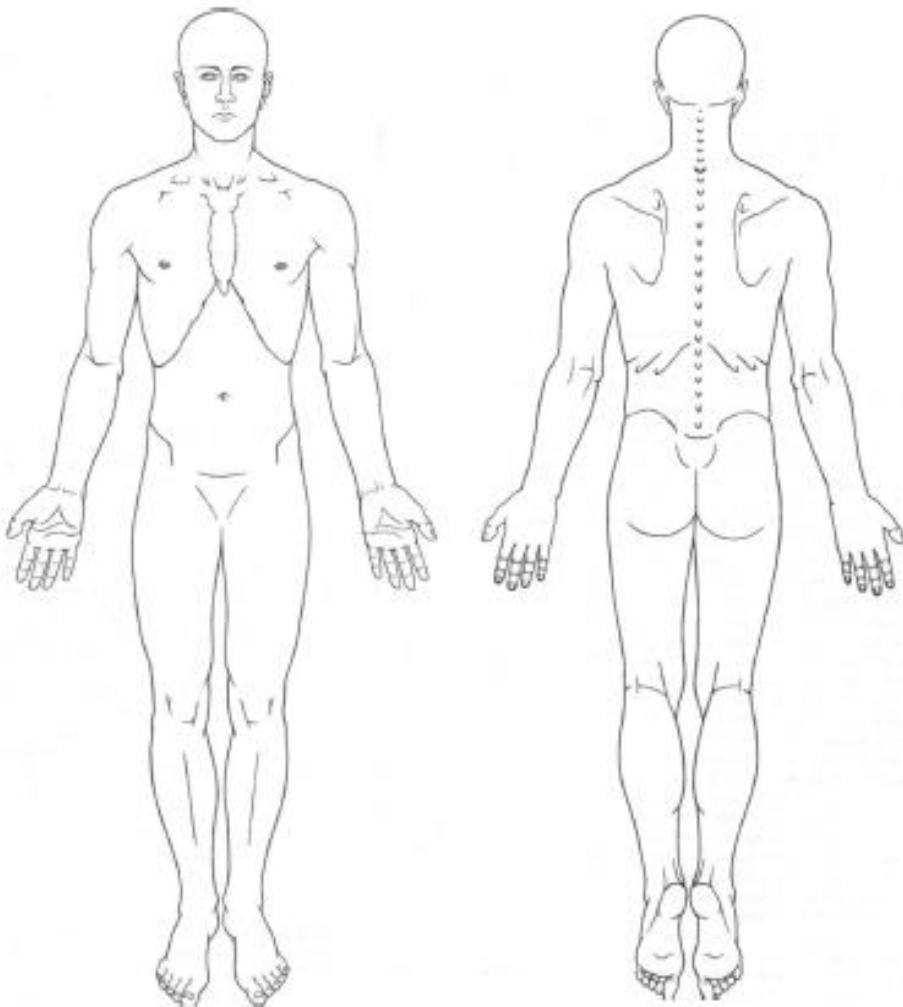
What is the main problem you have?

Is there a time of day where the major symptoms are worse?

Is there a time of day where the major symptoms are better?

What aggravates or relieves the major symptom/complaint?

SYMPTOMS



On the body chart, mark the areas you are experiencing:

Pain with a **P**

Stiffness with an **S**

Pins and Needles with **PN**

Numbness with **N**

Weakness with **W**

Swelling with **Sw**