



New Patient Profile

Name:

Date:

DOB:

Do you give permission for us to contact your GP if necessary? Yes No

How did you hear about us?

Could you be pregnant? Yes No

Do you have any allergies? If yes please list Yes No

List any Pharmaceutical Medications you are currently taking

Medication	Daily Dose	How long have you been taking this medication?

List any Nutritional/ Vitamin/ Herbal supplements you are currently taking

Medication	Daily Dose	How long have you been taking this medication?

General Medical History

Details of Operation	What?	When/ Date? Any Complications?
Details of Major Illness	What?	When/ Date?
Details of Childhood Illness	What?	Approx Age?

Have you taken antibiotics in the past? If so, when was the last time and what did you take them for?

Health Systems Check (Please tick the box if you experience any of the following symptoms)

Head

- Headaches
- Migraine
- Dizziness
- Fainting

Eyes

- Eyestrain
- Light Sensitivity
- Blurred Vision
- Watering
- Red Eye
- Painful Eye

Skin, Hair, Scalp, Nails

- Acne
- Eczema
- Psoriasis
- Hair Loss

- Dandruff
- Excess Sweating
- Itching
- Redness

Ear, Nose and Throat

- Deafness
- Ear Noises
- Wax, ear aches
- Sinusitis
- Loss of sense of smell
- Blocked Nose
- Frequent Colds
- Hayfever
- Allergies
- Sneezing
- Swollen glands
- Nose Bleeds

Mouth, Teeth & Gums

- Toothache
- Lost or loose teeth
- Abscesses
- Ulcers
- Mercury fillings
- Bleeding Gums
- Grinding teeth
- Taste Change

Digestive System

- Acidity
- Burning
- Bleeding
- Indigestion
- Nausea
- Sugar Cravings
- Loss of taste

- Finger nails chip or peel easily
- Sweat has a strong odour
- Bad Breath
- Vomiting
- Bloating
- Constipation
- Diarrhea
- Hemorrhoids
- Fissures
- Change of stool colour
- Flatulence
- Excess Belching

Neck, Shoulders & Arms

- Aching
- Tension
- Arm Pain
- Tingling Cold hands & feet
- Joint Pain
- Numbness

Urinary System

- Thirst
- Frequent going to the toilet, day or night
- Burning
- Infections
- Restricted Flow
- Change in urine colour or smell
- Blood in urine

Nervous System

- Weakness
- Poor Coordination
- Loss of Balance
- Memory Loss
- Difficulty Concentrating
- Numbness
- Coldness

Emotional Health

- Depression
- Anxiety
- Restlessness
- Excess Worry
- Nightmares
- Insomnia
- Mood Swings

Chest

- Pains
- Tightness
- Breathing Difficulty
- Coughs
- Wheezing
- Palpitations

Female System

- Menstrual Irregularities
- Cramps
- PMT
- Menopause
- Hot Flushes
- Loss of Libido
- Discharges
- Infections
- Breast Lumps
- Breast Tenderness

Male System

- Erection concerns
- Lower back pain
- Sciatica
- Joint Pains
- Prostate problems
- Waking in night to urinate
- Change in urine stream-stopping/starting