Central Coast Natural Therapies

Hello and welcome to the clinic,

You have made a wise investment in your future when you choose to improve your health using natural medicine. The Central Coast Natural Therapies Clinic offers a range of services from basic checkups and wellness programs through to the treatment of more complex and chronic diseases. Your health is always our priority.

In order to give a background of your health history that can be used to tailor the most effective treatment program for you, please ***answer ALL questions*** using ***as much detailed information*** in each section as possible.

**Name: Date:**

**Address:**

**Phone: (landline) (mobile)**

**Date of Birth:**

**How did you** **hear about the clinic**:

1. Please list below (***in order of priority)*** the symptoms that you would like to treat.

………………………………………………………………………………………………………………

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Include information such as:

1. when did the symptom first appear
2. how ***severe*** it is as a ***ranking from 1-10*** ( with 10 being the most severe )
3. anything that makes it ***better or worse*** ( eg. time of day, weather, activity, heat etc )

1. whether one symptom ***causes any other symptoms***
2. What **treatment** you have had for each symptom – list medications, therapies etc

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1. What do you usually eat for:
2. Breakfast
3. Lunch
4. Dinner
5. Snacks
6. How much and what type of ***fluid do you drink each day***?

-Do you prefer hot, cold or room temperature fluids?

-How much ***alcohol*** do you drink each day or week?

1. How many courses of the following ***medications*** have you taken in the past?
2. antibiotics
3. steroids ( eg. prednisone ) – either orally or inhaled
4. oral contraceptives ( when you took them and for how long )
5. immune-suppressant medication ( eg. anti-inflammatories, chemotherapy etc )

5. List **any ongoing medication** you are taking that has been **prescribed by your doctor or . . . . . .. specialist** and briefly explain **why it has been prescribed** for you.

1. List any **natural remedies** that you are taking ( eg. Herbs, vitamins, homoeopathic

drops etc ) and, again, briefly explain **why you are taking them.**

1. Write out a **TIMELINE OF YOUR HEALTH HISTORY** (from birth to now) Include **physical illnesses** & **any significant events that have affected you mentally, emotionally or physically.**

**Birth ………I……………I……………I……………I……………I……………I………. Now**

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1. Describe your usual **mental & emotional wellbeing. -** Do you experience depression or other mood alteration? - How would your friends and the people living with you describe you? - - Have you had any major life changes or stresses over the last 5 years …………….. - ------- Were there any significant stresses or life changes during the years immediately prior to ….. the onset of your symptoms?
2. What are your health goals in both the short and long-term?
3. Are you able to **make changes to your usual lifestyle** that will help you to achieve your health goals?
4. Are there any things that you will be **unable to change**? Please list your **reasons** why ( eg. family circumstances, time of year, work commitments etc . )so that these can be taken into consideration when putting together your treatment program.
5. Who is your usual **doctor / specialist**? Do I have your permission to discuss your treatment with them if this is necessary?

It is important to be as thorough as possible in completing this information in order to provide a clear picture of what has happened in the past to bring you to your current state of health.

You may prefer to copy off this email and complete the answers in hard copy then bring it with you to the appointment. Otherwise it can be completed online by writing the answers after each question and then emailed back before your appointment.

I look forward to working with you as a team to assist you in achieving your desired health outcomes. You have already made the first, most important step in booking an appointment. Now let’s see how satisfying it will be for you to achieve great health***!!***

Regards,

**Julie McNab**



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