



The Natural Health Clinic

5 Meadow Lane, Richmond, 7020

www.thenaturalhealthclinic.co.nz

0277 267 324

NEW PATIENT INFORMATION FORM

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Please print clearly:

Name _____ Date _____

Address _____

City _____ Postcode _____

Home Phone (____) _____ Mobile _____

E-mail address: _____

REFERRED BY: _____

Occupation _____

Date of Birth _____ Age ____ Sex: M/F Height ____ Weight ____

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint _____

Other complaints or problems: (use separate sheet if needed) _____

Current medications/drugs being taken: (use separate sheet if needed) _____

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

Nutritional supplements you are taking: _____

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Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes _____ Coffee _____ Alcohol _____

HISTORY:

List any major illnesses (with approx. dates): _____

List any surgery or operations with approx. date: _____

Past Accidents or injuries: _____

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Marital Status: Single / Married / Divorced / Widowed / In a Relationship

Name of Spouse/Partner: _____

Describe health of spouse/partner: _____ Number of children if any _____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	_____	M/F	_____

_____	_____	M/F	_____
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_____	_____	M/F	_____
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Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other _____

Any household pets or other animals you or family members are in close contact with:

Have you had any dental work done: Root Canals / Crowns / Wisdom Teeth removed / Fillings Removed/ Implants/ Other?

SIGNED: _____ DATE _____