

Welcome to Optimum Health and your pathway to better health and wellbeing. We look forward to supporting your choice to restore what nature intended for you!

Please fill out the information below as best you can before your appointment. This will allow us to spend more time on you and your health during your first visit.

All information contained on this form and during your consultation will be treated with the utmost confidentiality and no information will be given to any persons without your direct consent.

I am pleased that you have chosen us to help you on your path to optimum health, I look forward to seeing you soon.

Jacinta

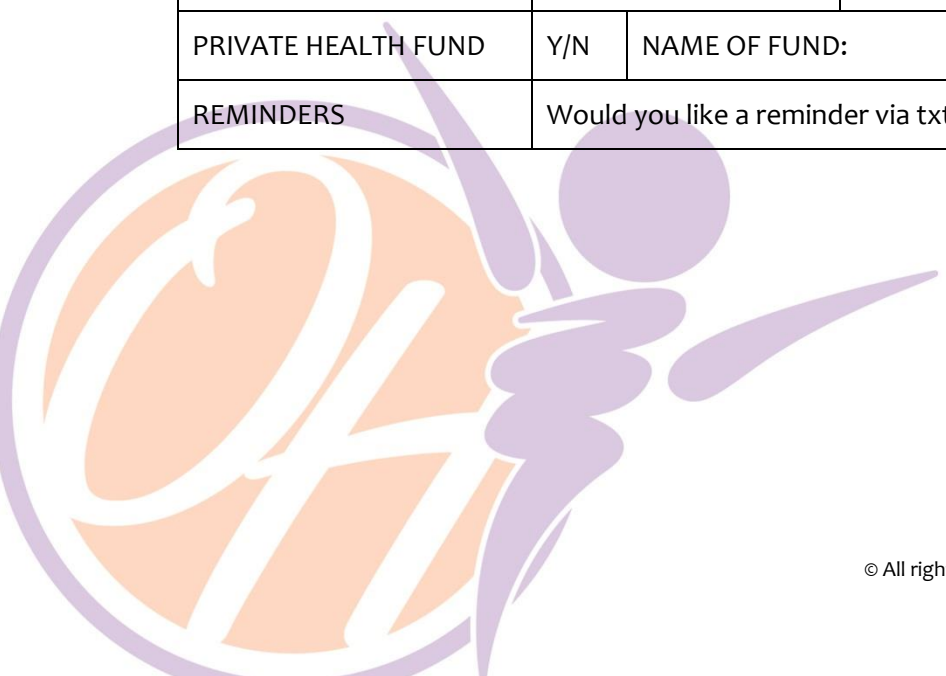
Appointment Date: ... / ... / Time:

What to bring:



Personal Information

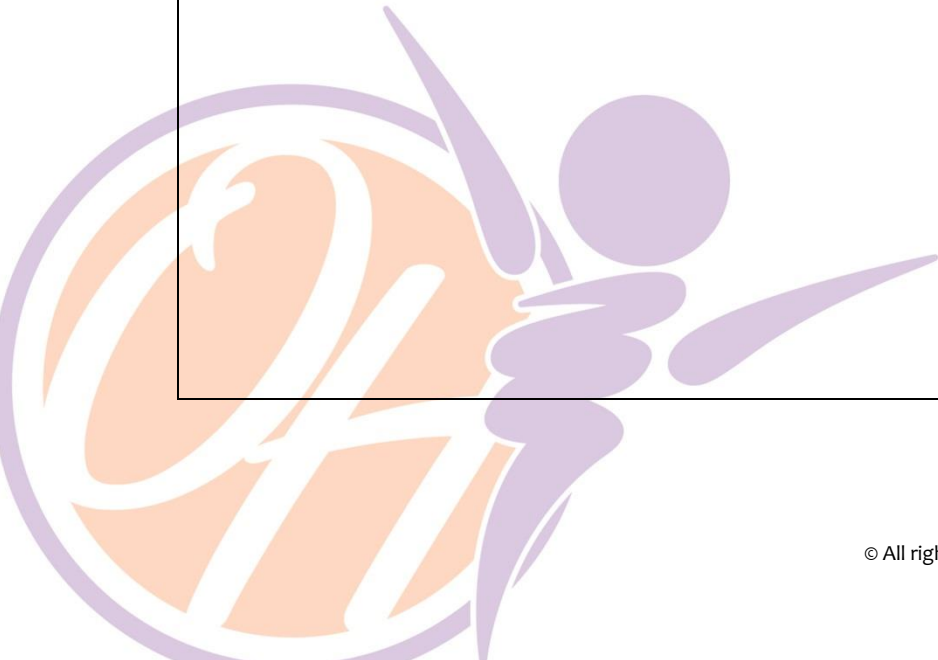
NAME					
PREFERRED NAME					
ADDRESS					
EMAIL					
NEWSLETTER	Would you like to receive our monthly newsletter? Y/N				
TELEPHONE (BH)		MOBILE			
DATE OF BIRTH					
EMERGENCY CONTACT	NAME: PHONE: RELATIONSHIP TO YOU:				
FAMILY DOCTOR					
DOCTOR ADDRESS					
WHO REFERRED YOU? Please circle	FACEBOOK	TWITTER	FRIEND	DOCTOR	OTHER
	OTHER DETAILS:				
CONCESSIONS	HEALTH CARE Y/N	PENSIONER Y/N	STUDENT Y/N		
PRIVATE HEALTH FUND	Y/N	NAME OF FUND:			
REMINDERS	Would you like a reminder via txt or email?				



What is/are the main health concerns that you have come to work with us on today?

Have you received prior treatment for this/these conditions? If yes, please details below:

Have you had any major health issues in the past ? If yes please detail below:



Do you have any of the following allergies or intolerances? Please tick for those with yes:

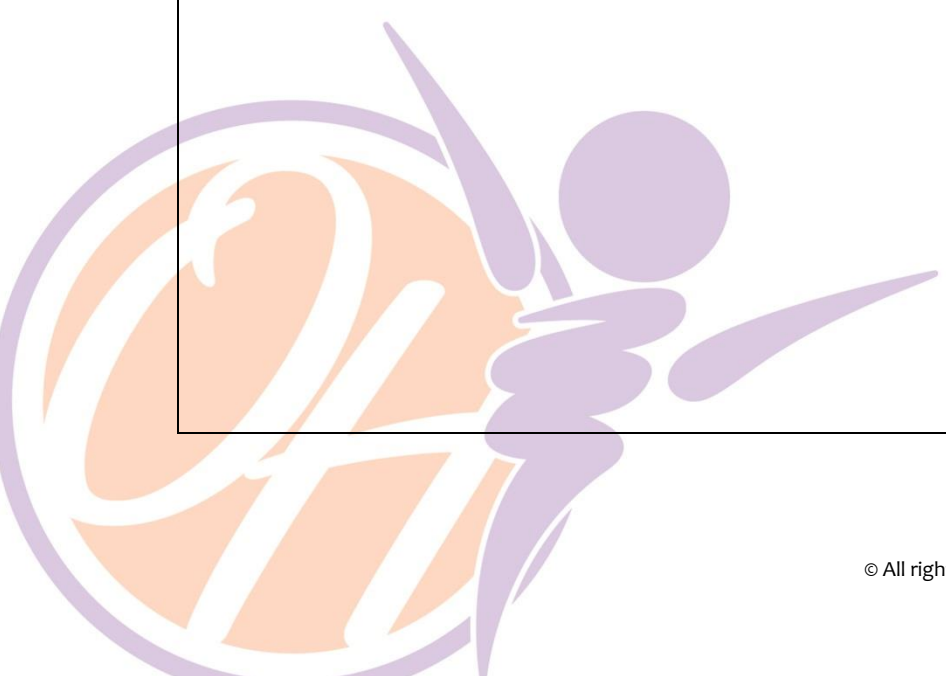
Dairy	<input type="checkbox"/>	Tomatoes	<input type="checkbox"/>	Cigarettes (smoke)	<input type="checkbox"/>
Soy Products	<input type="checkbox"/>	Artificial flavours	<input type="checkbox"/>	Dust mites	<input type="checkbox"/>
Yeast	<input type="checkbox"/>	Artificial Colours	<input type="checkbox"/>	Wheat	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Grasses and Pollens	<input type="checkbox"/>	Gluten	<input type="checkbox"/>
Jewellery	<input type="checkbox"/>	Band-aids	<input type="checkbox"/>	Sugar	<input type="checkbox"/>
Cleaning Products	<input type="checkbox"/>	Fur	<input type="checkbox"/>	Starch	<input type="checkbox"/>

Medicine: Please detail

Other: Please detail

Occupation/Type of work or daily routine:

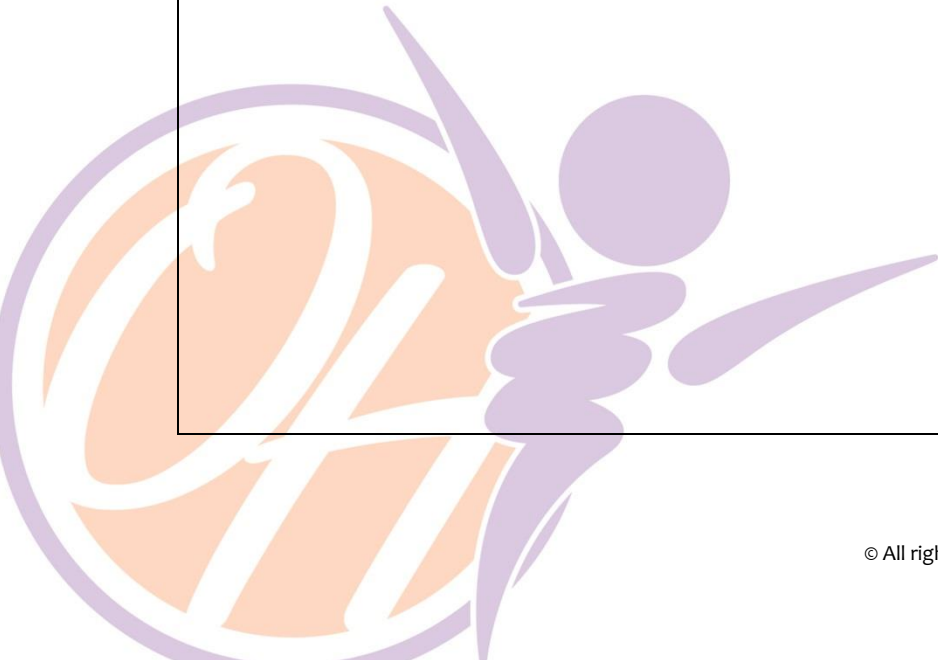
What type of activity does your day mostly consist of... eg desk/computer/driving



Please name any current medicines and /or supplements that you are taking:

NAME	DAILY DOSE	REASON FOR TAKING	DURATION OF USE

OTHER INFORMATION YOU WOULD LIKE TO PROVIDE:



What type of food do you normally eat?

Please note down the foods and beverages that you have consumed in the last 24 hours and observed adverse effects if any.

TIME	CONSUMED	ADVERSE EFFECTS
BREAKFAST		
MORNING TEA		
LUNCH		
AFTERNOON TEA		
DINNER		
SUPPER		
SNACKS OR BEVERAGES		

Please mark any symptoms that the child is experiencing / has experienced

abnormal visual provoked potential	GI upset	protein intolerance
Acne	growth - poor	psychosis
ascending pyramidal track signs in legs	head banging	Rash / thirst
aggressive behaviour	Headaches	Reading disorder (dyslexia)
Agitation	hearing loss	Recurrent infections
albumin low	High achievers	Red ears (on outside) face
Anaphylaxis	High libido – addiction prone	reflux
Angry outbursts	Hyperactivity	retching
Anxiety	Hypotonia	Seasonal allergies
Anxious, nervous, high internal tension	insomnia	seizures
Asthma	irritability	seizures - intractable
ataxia - Lack of muscular co-ordination	Jekyll and Hyde behaviour	Sensitivities to foods and chemicals but not seasonal allergy
atopic dermatitis	language - expressive language defects	Shiners
Attention to detail	Learning problems	Shiners ...face and skin
Aversion to breakfast	lethargy - episodic	sleep disturbance
Behaviour – moody, tantrums, hyperactive	Light, Noise and Sound sensitivity	sleep poor quality
Can't stand losing	Loves tomato sauce and berries – high PF	Sleep problems
Clingy	Low frustration tolerance	Slow recovery from infections
Compassionate less competitive, more accepting	Low Stomach acids	somnolence - episodic
congenital brain abnormalities	Low mood	speech delay - severe
congenital cardiac symptoms	malabsorption	stool frequency
congenital genitourinary problems	Mental lethargy	stool incontinence
CONSTIPATION	mental retardation	stool urgency
decelerating head growth	Microcephaly	Stress intolerance
decreased appetite	Migraine	Stretch marks
Denny's lines ...face and skin	More creative, artistic	Strong motivation
Depression with isolation, paranoid	mouth allergy ...face and skin	sudden worsening of behaviour
developmental delay - global	movement disorders	sweating/pallor
developmental delay early years	Mucous in stool	Sweaty head in bed: bed/ pillow smells
developmental regression	neurodevelopmental delay/standstill/regression	tantrums
diarrhoea	Night sweats	temperature instability
Difficult falling to sleep	night time wakening	Tension
Difficulty with authority figures	OCD	toilet training inability
Distinct facial features	Organisational ability	tourettes type symptoms
Does not like change (ASD)	Overstimulated and hyperactive as children	Underachievers regardless of intelligence
dyskinesia ..diminished voluntary movements and the presence of involuntary movements, ...	poking stomach	unrest
Early greying	Poor concentration	Urticaria
epilepsy	poor growth	Usually crave the food that they are allergic to
excessive laughter	Poor memory	Very happy disposition
family hx - x linked mental retardation	Poor short term memory	Violent behaviour
Fears	Poor socialisation	visual disturbances
Follicular hyperkeratosis	Poor taste	vomiting - cyclic
food avoidance	Poor wound healing	vomitting
Frequent Mood swings (road rage)	posturing	White spots on nails