



Carmelle Pietsch
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CLIENT DETAILS

Date: _____

(Mr. Mrs. Miss. Ms.) First Name: _____ Surname: _____

Address: _____ Postcode: _____

Phone: (H) _____ (Wk) _____ (Mob) _____

Email Address: _____

Can we confirm appointments via email or SMS? _____

D.O.B.: _____ Occupation: _____

Have you seen a naturopath before: _____

Any present Medications / Supplements/ Contraception: _____

How did you hear about Carmelle? _____

What are your primary health concerns/reasons for coming today?

MEDICAL HISTORY

Please tick if a family member has had any of the following & write the family relationship in the next column.

	Tick	Who		Tick	Who
Alcoholism	<input type="checkbox"/>		Heart Disease	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>		Headaches	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>		High Blood Pressure	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>		Mental Disorders	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>		Nervous Disorders	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>		Skin Disorders	<input type="checkbox"/>	
Thyroid Issues	<input type="checkbox"/>		Other/please specify	<input type="checkbox"/>	

INFORMED CONSENT & PRIVACY CLEARANCE

I have been advised by my practitioner, "Carmelle Pietsch", that she is not a medical doctor and therefore this is not a medical practice. As such she does not practice or prescribe allopathic medicine. I understand that she is a Naturopath. As such she seeks to activate and support the self-healing mechanism of the body. She utilises Naturopathic Medicine i.e. Nutrition, Herbal & Homeopathic Medicines and encourages preventative health care in the form of dietary, exercise & lifestyle management.

I give Carmelle Pietsch permission for my health history to be kept on file for the purpose of naturopathic care planning & prescribing. To the best of my ability all information given here is a true and accurate representation of my health.

Signed: _____ **Date:** _____

Parent or Guardian if under 16 years old.

Signed: _____ **Date:** _____