The information you provide is confidential.
It will not be released to any third party without your consent.
We will not use your contact details to send any marketing material.

NAME:	DOB:
EMAIL:	
ADDRESS:	
PHONE:	EMERGENCY CONTACT/NUMBER:
OCCUPATION:	GP:
I prefer to receive appointment reminders and invoices through: ☐SMS ☐Email	Are you: ☐A pensioner? (please show card to reception)
How did you find us? ☐Internet search____________ ☐Doctor ___________________	 ☐Friend/family_____________________ ☐Other____________________________
Is this a worker's compensation or motor vehicle accident claim? If so, please provide: Referring doctor___________________________ Insurance company_________________________ Case manager_____________________________ Claim number_____________________________	

Medical history
Please indicate all applicable diagnoses or symptoms by selecting the appropriate boxes; please provide further information if necessary:

☐Diabetes_______________________________	☐Bowel/bladder dysfunction______________
☐High blood pressure _________________	☐Recent unexplained weight loss__________
☐Cardiac problems____________________	☐Any form of cancer____________________
☐Digestive illness (IBS, colitis) _____________________________________	☐Any inflammatory/autoimmune condition_____________________________
☐Asthma/respiratory illness____________	☐Psoriasis or eczema____________________
☐Blood-borne illness__________________	☐Allergies ______________________________
☐Osteoporosis/osteopaenia____________	☐Thyroid condition (e.g. Hashimoto's)____________________________
☐Epilepsy____________________________	☐Uveitis, iritis___________________________
☐Other____	

See overleaf

Medications

Please list any regular medications you take:	Do you, or have you ever, taken regular steroid medication (e.g. prednisone for asthma)? If so, please provide details.

Past history

Please list all past major injuries to joints, muscles, spine or nerves:	Please list all previous major surgeries, and the year you underwent the surgery:

Family history

Have any family members been diagnosed with any of the following?

☐Diabetes_____________________________	☐Autoimmune condition (e.g. lupus)________________________________
☐Osteoarthritis/joint replacements___________________________	☐Headaches/migraines_________________
☐Rheumatoid arthritis___________________	☐Uveitis, iritis___________________________
☐Any form of cancer____________________	☐Stroke______________________________
☐Cardiac condition_____________________	☐Other genetic condition_______________
Further information if necessary:	

Sport and hobbies

Please list all physical activities you currently participate in. How often do you do these?

Additional