

Initial Consultation Questionnaire

date _____

surname _____ given name(s) _____

address _____ suburb _____ postcode _____

home phone _____ work phone _____

mobile _____ email _____

date of birth _____ number of children _____

blood group _____ occupation _____

Where did you hear about cbd natural health?

<input type="checkbox"/> Google	<input type="checkbox"/> Yahoo	<input type="checkbox"/> facebook	<input type="checkbox"/> friend
<input type="checkbox"/> Yellow Pages Online	<input type="checkbox"/> NT Pages	<input type="checkbox"/> True Local	<input type="checkbox"/> other _____

Would you like to receive CBD NH communication e.g health newsletters & clinic updates? please tick
 (You will be able to unsubscribe at any time)

Family history: Please mark "S" for self and "F" for family member if you have now or have had in the past any of the following:

<input type="checkbox"/> acne	<input type="checkbox"/> cancer	<input type="checkbox"/> high blood pressure	<input type="checkbox"/> migraines/headaches
<input type="checkbox"/> allergies	<input type="checkbox"/> diabetes	<input type="checkbox"/> osteoporosis	<input type="checkbox"/> thyroid problems
<input type="checkbox"/> arthritis	<input type="checkbox"/> infertility	<input type="checkbox"/> eczema/psoriasis	<input type="checkbox"/> weight problems
<input type="checkbox"/> asthma	<input type="checkbox"/> kidney stones	<input type="checkbox"/> nervous disorders	<input type="checkbox"/> other _____

List any medications you are currently taking.

List any operations or traumas (physical or emotional) you have had in the past.

What areas of your health do you wish to improve, in order of priority?

1. _____

2. _____

3. _____

General health questionnaire

0= Never 1=Sometimes 2=Regularly (more than twice weekly) 3=Daily basis

Digestion and Dysbiosis

Bloating after meals	0	1	2	3
Abdominal cramps and pain	0	1	2	3
Burp/gas after meals	0	1	2	3
Eat quickly or don't chew thoroughly	0	1	2	3
Have a burning feeling in stomach indigestion, or take antacids	0	1	2	3
Have less than one bowel movement daily	0	1	2	3
Suffer diarrhoea	0	1	2	3
Haemorrhoids or rectal pain and bleeding after bowel motion	0	1	2	3
Feel nauseous in the mornings	0	1	2	3
Have bad breath	0	1	2	3
Suffer thrush or urinary tract infections	0	1	2	3
Antibiotics more than twice per year	No	Yes		
Long term antibiotic use (longer than 1 mth)	No	Yes		
On birth control pill for more than 2 years	No	Yes		
Chronic fungal infections of skin or nails	No	Yes		

Lifestyle – please be reminded your answers are always strictly confidential

Do you smoke?	Never	Yes	Only in the past
Do you take recreational drugs?	Never	Yes	Only in the past

Immune System

More than 3 colds per year	No	Yes
Difficulty shifting an infection	No	Yes
Often have a sore throat or swollen glands	No	Yes
Suffer asthma, eczema or arthritis	No	Yes

Liver and Detoxification

Fatty foods cause indigestion	0	1	2	3
Suffer from nausea or vomiting	0	1	2	3
General feeling of poor health	0	1	2	3
Suffer headaches/migraine	0	1	2	3
Dark circles under eyes	0	1	2	3
Sinus problems or stuffy nose	0	1	2	3
Excessive mucus	0	1	2	3
Chronic cough	0	1	2	3
Strong body odour	0	1	2	3
Muscle or joint aches and pains	0	1	2	3
Asthma or bronchitis	0	1	2	3
Dry or flaky skin and/or hair	0	1	2	3
Feel agitated, restless, angry	0	1	2	3
Skin rashes, itching	0	1	2	3
Yellowing of the skin or eyes	0	1	2	3
Broken sleep/insomnia	0	1	2	3

Energy and Vitality

Feel tired or overworked	0	1	2	3
Find it hard to wake up or get motivated in the morning	0	1	2	3
Need coffee, tea, sugar or tobacco to give you energy	0	1	2	3
Have noticeable energy slumps during the day	0	1	2	3
Get dizzy, shake or become irritable				
if you go without food for more than 4 hours	0	1	2	3
Suffer mental confusion or have difficulty concentrating	0	1	2	3
Crave pasta, bread, sugar	0	1	2	3

Stress

Feel stressed, nervous or anxious	0	1	2	3
Feel Irritable, oversensitive	0	1	2	3
Feel overwhelmed with your workload	0	1	2	3
Have you in the past 2 years experienced:				
Divorce		No	Yes	
Separation		No	Yes	
Death in family		No	Yes	
Financial devastation		No	Yes	
Moving house		No	Yes	
Starting or losing work		No	Yes	

Mood and Memory

Difficulty concentrating	0	1	2	3
Poor memory	0	1	2	3
Suffer depression	0	1	2	3
Become easily anxious or is a 'worry wart'	0	1	2	3
Feel exhausted	0	1	2	3
Feel overwhelmed and out of control of your life	0	1	2	3
Suffer insomnia	0	1	2	3
Mood swings	0	1	2	3

Hormonal Health

Women

Are you taking the oral contraceptive pill No Yes

What is your average cycle length _____ (longest cycle _____ days shortest cycle _____ days)
 (Period – period -Counting from the first day your period starts till the day before your next period begins))

Do you suffer:

Heavy bleeding	No	Yes
Painful periods	No	Yes
Irregular periods	No	Yes
Fertility problems, difficulty conceiving or maintaining a pregnancy	No	Yes
Reduced libido	No	Yes
Mood swings (Irritable, irrational, depression/anxiety)	No	Yes
Breast tenderness	No	Yes
STD's (past or present)	No	Yes
Any known problems affecting your reproductive organs	No	Yes

Men

Have you had a vasectomy	No	Yes
Do you suffer from:		
Low sperm count	No	Yes
Undescended testes as a child	No	Yes
Reduced libido	No	Yes
Impotence	No	Yes
STD's (past or present)	No	Yes

Weight Management

Where 0 is very satisfied and 3 is very concerned about

How your body:

Looks	0	1	2	3
Feels	0	1	2	3
Body fat	0	1	2	3
Muscle tone	0	1	2	3
Strength	0	1	2	3
Endurance	0	1	2	3
Flexibility	0	1	2	3
Present weight	0	1	2	3
Attractiveness	0	1	2	3
Total				

Exercise

Do you exercise? No Yes

Practitioner use:

Date	kg	%fat	%H2O	visceral	Muscle	Physique rt	Bone mass	Met. age

Our Cancellation Policy

In order to serve others, we ask that you offer a courtesy call if you cannot keep your allotted appointment time. A 24 hour notice is required for cancellation of appointments without acquiring a "no-show" charge of the full fee of your consultation. Please be considerate.

Scheduled appointments are set up in order to accomplish getting you well. If you cancel your appointment, it may delay your recovery. If you must miss it, it is best to reschedule as soon as possible.