



# PATIENT MEDICAL HISTORY

## Zsuzsanna Sipos

BHSc (Nat), Dip Nutr, Dip Herb Med.

E: [info@santewellness.com.au](mailto:info@santewellness.com.au)

[www.santewellness.com.au](http://www.santewellness.com.au)

Date: \_\_\_\_\_

Name		DOB	Gender
Address			
Phone (M)		Phone (H)	
Email			
Current Doctor (GP)		Phone	Practice Name
Emergency Contact		Relationship	Phone
Private Health Fund			
Known Allergies/ Sensitivities			
Height		Weight	
How did you hear about us?			

### Reason for today's visit/consultation.

*Please describe current health concerns and symptoms, including any treatments that have/have not been useful to date.*

### Details of all relevant pathology tests (blood, saliva, urine, scans etc).

*Please attach or bring a copy of results where possible.*

#### Cancellation Policy

Please note the clinic requires 24 hours' notice for cancellation of appointments. A fee of 50% of the consultation fee may be incurred without adequate notice (emergencies exempt).

**MEDICAL HISTORY**

Please include the year of occurrence/diagnosis and describe any medical history and surgeries. E.g. 2011 Tonsillectomy

Year	Medical history/condition	Year	Medical history/condition

**CURRENT MEDICATIONS/SUPPLEMENTS**

Drug/Herb/Supplement	Condition or symptom taken for	Dosage	Duration of use

**FAMILY MEDICAL HISTORY**

Please describe any diseases/disorders experienced by family members (e.g. cancer, diabetes, asthma, heart disease etc)

<b>Mother</b>	
<b>Father</b>	
<b>Paternal grandmother/father</b>	
<b>Maternal grandmother/father</b>	
<b>Siblings</b>	
<b>Aunts/Uncles</b>	

**Consent to receive naturopathic care:**

Naturopathic Medicine is a holistic approach to health care. Naturopaths assess the whole person, exploring the physical, psychological, and social aspects of the individual. Several different modalities are used throughout the course of your treatment, including: diet, lifestyle counselling, clinical nutrition, micro/macro nutrient supplementation, and herbal medicine. I understand the possible health risks associated with Naturopathic Medicine include but are not limited to: aggravation of pre-existing symptoms, allergic reactions, mild gastrointestinal disturbances, and headaches, in response to dietary changes, supplements or herbs. I have read and understand the above information. I intend this consent form to cover the entire course of care for my present condition and future condition(s). I understand that I am free to withdraw my consent and to discontinue my Naturopathic care at any time. I have read and understood the clinic cancellation policy. I hereby declare that all information provided herein is true and accurate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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**DASS 21** NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
<b>TOTALS</b>								