

Summertown Clinic

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Patient Questionnaire

Name.....

Date of Birth.....

Date of First Consultation.....

GP Name.....

Address.....
.....
.....

..... Postcode.....

Telephone.....

Reason for Treatment?
.....
.....
.....
.....
.....
.....

Address.....
.....
.....

..... Postcode.....

Telephone.....

Email @.....

Marital Status.....

Children.....

Occupation.....

Recently seen GP or other complementary practitioner:
YES NO

Details.....
.....
.....

Interests/Exercise.....
.....

Relaxation.....

Contact lenses ? YES NO

Previous Massage/
Treatment? YES NO

Past Medical History

(serious injury, illness or operation, previous long-term medication, family history of illness)

Sleeping Pattern**Energy Level/Mood****Current Medication**

(side-effects/ contra- indications with e.o.)

Disorders of the system of the body**Skeletal System**

~ankylosis ~ arthritis ~ bunion ~ bursitis ~ fracture ~ gout ~ postural defects ~ scoliosis ~

Comment

Muscular System

~ cramps ~ ruptured disc ~ muscular aches & pains ~ muscular tension ~ spasm ~ sprain ~ strain ~

Comment

Nervous System

~ agitation ~ anxiety ~ debility ~ depression ~ epilepsy ~ frigidity ~ headache ~ impotence ~ insomnia ~ mental fatigue ~ migraine ~ multiple sclerosis ~ nervous exhaustion ~ neuralgia ~ Parkinson's disease ~ shock ~ stress ~ tremors ~ vertigo ~

Comment

Cardio Vascular System

~ angina pectoris ~ arteriosclerosis ~ atherosclerosis ~ coronary occlusion ~ high cholesterol ~ hypertension ~ phlebitis ~ stroke ~ tachycardia ~ varicose veins ~

Comment

Lymphatic System

~ankles (swollen) ~ breast lumps ~ oedema ~ fluid retention ~ infections ~ sore throats ~ tonsillitis ~

Comment

Sense Organs: Skin

~abcess/ boil ~ acne ~ athlete's foot ~ bruises ~ burn ~ cracked / chapped ~ cuts / wounds ~ dermatitis ~ dry ~ eczema ~ greasy/ open pores ~ herpes ~ inflammation ~ insect bites ~ irritation ~ itchy moles ~ normal ~ perspiring hands and feet ~ sears ~ sensitive ~ shingles ~ stretch marks ~ sunburn ~ thread veins ~ ulcers ~ verruca ~ wrinkles ~

Comment

Sense Organs: Eye

~cataract ~ glaucoma ~ pink eye ~ sty ~

Comment

Sense Organs: Ear

~ deafness ~ dizziness ~ earache ~ motion sickness ~ tinnitus ~ vertigo ~

Comment

Respiratory System

~ adenoids ~ asthma ~ bronchitis ~ catarrh ~ colds ~ coughs ~ earache ~ emphysema ~ flu ~ hay fever ~ laryngitis ~ plausisy ~ pneumonia ~ sinusitis ~ tonsillitis ~

Comment

Digestive System

~ appendicitis ~ cholesterol ~ cirrhosis ~ colitis ~ constipation ~ diabetes ~ diarrhoea ~ diverticulitis ~ flatulence ~ gall stones ~ haemorrhoids ~ hiatus ~ hernia ~ hypoglycaemia ~ indigestion ~ irritable bowel syndrome ~ jaundice ~ phlebitis ~ ulcer ~

Comment

Urinary System

~cystitis ~ dysuria ~ incontinence ~ kidney stones ~ nephritis ~ thrush ~

Comment

Reproductive System

~ hysterectomy ~ impotence ~ infertility ~ menopause (hot flushes etc) ~ menstruation – regularity

duration pain ~ PMT ~ currently in cycle?

~ morning sickness ~ ovarian cysts ~ pregnancy ~ prostate problems ~

Comment

Summary of Treatment

Referred by:

Client's Name:

Client's Signature: