

## Registration form/Health systems questionnaire

### Personal details

Please fill in the following information and bring this form to your first consultation with Lucy Peel.

<b>Full Name:</b>		<b>Date of Birth/Age:</b>	
<b>Address:</b>		<b>Telephone nos:</b>	
<b>Email:</b>			
<b>Name of doctor/practice address (if known):</b>		<b>Permission to contact medical doctor?</b>	Yes/No

**Relationship status:**

**Number of children** (include their ages and gender):

**Occupation:**

**Do you have any known allergies?**

**Are you consulting any other practitioners at this moment? Yes/No**

**Please give details here:**

**Have you in the past?**

If so, please list types of therapies used:

**Have you ever been to a Naturopath before?**

**How did you hear about Lucy Peel?**

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Please **highlight any of the health concerns that you may currently be experiencing** and make any notes where you feel it is relevant.

**Do you suffer with any of the following health conditions?**

### Head:

Headaches,          Migraine,          Dizziness,          Fainting

### Skin, hair, scalp & nails:

Acne,          Eczema,          Psoriasis,          Other rashes,          Hair Loss  
Dandruff,          Excess Sweating

### Eyes:

Eyestrain,          Light Sensitivity,          Blurred/Double Vision,          Watering

### Ears, nose & throat:

Deafness,          Ear Noises,          Wax Accumulation,          Earaches,          Sinusitis  
Loss of smell,          Blocked nose,          Frequent Colds,          Hay fever  
Allergies,          Catarrh,          Sneezing,          Swollen Glands,          Infections  
Nosebleeds

### Mouth, teeth & gums:

Ulcers,          Coldsore,          Toothache,          Abscesses,          Lost/Loose Teeth

### Neck, shoulders & arms:

Aching,          Tension,          Arm Pain,          Tingling,          Cold Hands  
Joint Pain

### Chest:

Pains,          Tightness,          Breathing Difficulty,          Coughs,          Wheezing  
Palpitations

### Digestive System:

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Acidity, Burning, Bleeding, Wind, Indigestion, Burping, Nausea  
Vomiting, Bloating, Constipation, Diarrhoea, Haemorrhoids, Fissures  
Change of stool colour

### **Urinary System:**

Thirst, Urinary frequency (day/night), Burning, Infections  
Restricted flow, Change in urine colour or smell

### **Female System:**

Menstrual Irregularities, Cramps, PMT, Menopause, Hot Flashes  
Loss of Libido, Discharge, Infections, Infertility, Breast lumps  
Breast tenderness

### **Male System:**

Erection problems, Loss of Libido, Infections, Lumps, Discharges  
Infertility

### **Back, hips & legs:**

Lower back pain, Sciatica, Joint Pains, Pins & Needles, Cold Feet  
Varicose Veins, Swollen Ankles

### **Nervous System:**

Weakness, Poor Co-ordination, Memory Loss, Difficulty Concentrating  
Numbness, Coldness

### **Miscellaneous:**

Thyroid Dysfunction, Cancer, HIV, Blood Pressure, Blood Sugar Issues