

Acute Consult Questionnaire

KARUNA HEALTH CARE
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*An acute consultation is for complaints that have developed recently, such as coughs, croup, colds, allergies, rashes, hayfever, fevers, flu, tonsillitis, chest infections. If your condition has been present **for longer than one month**, then you require a full-length consultation for your ongoing health problem. A full-length consultation requires an Adult or Child questionnaire to be completed.*

Date _____

Name _____ Age _____ Sex _____ DOB _____

Address _____ Post code _____

Phone: H: _____ W: _____ Mob: _____

Email _____ Health Fund _____

GP's name & address: _____

What would you like to have treated? _____

List symptoms *in order of severity*:

1 _____

2 _____

3 _____

4 _____

5 _____

When did symptoms start? _____

Are there any other health problems? _____

What medical treatment(s) have you had so far? _____

What natural therapies have you used so far? _____

Current supplements - vitamins, minerals etc? _____

Current prescribed medications? _____

Anything else you'd like to mention?

Where did you hear about this clinic?

- Word of Mouth Advertisement Brochure Yellow pages book Yellow Pages online
- Natural Therapy Pages Personal Internet search Other

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