

ACUTE CONSULT QUESTIONNAIRE

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. Please complete the appropriate questionnaire and email or bring with you to your consultation.

Date:

Name: Age: Sex: DOB:

Address: Postcode:

Phone: Email:

Health Fund:

GP's Name & Address:

What would you like to have treated?

List Symptoms in orders of severity:

-
-
-
-
-

When did symptoms start?

Do you have any other health problems?

What medical treatment(s) have you had for this acute illness?

What natural therapies have you used so far?

Current supplements – vitamins, minerals etc?

Current prescribed medications?

Anything else you would like to mention?

Where did you hear about the clinic?

I agree to the Terms and Conditions, found in the **Policies** section on the Booking page at <https://karunahealthcare.com.au/book-appointment/>

KARUNA HEALTH CARE