



Do you have any fears of phobias? (e.g. heights, spiders, tunnels, crowds, snakes, the dark, public speaking, thunderstorms)

If anxious, what do you worry about?

Is there anything about yourself, apart from your presenting complaint, which you feel impedes your ability to enjoy life and which you would like to change?

Family History

Please describe all known diseases of the following members e.g. heart disease, high blood pressure, diabetes, cancer, skin problems (e.g. psoriasis), TB, allergies, mental illness, alcoholism.

Mother

Father

Immediate family (brothers, sisters, grandparents, aunts and uncles)

Please list medical tests you have had

TYPE OF TEST	DATE	REASON	RESULT
Blood Test(s)			
X Ray(s)			
CT Scan			
Ultrasound			
Hearing Test			
Other			

KARUNA HEALTH CARE



Year: from birth	Injury, illness, reaction (allergic, vaccine, bites, stings) emotional upheaval, family upset ...	Treatment, medical, natural, other.	Results.

Anything else you would like to mention?

BEFORE COMING TO CLINIC:

- Please do not wear perfume when attending the clinic.
- If you would like to know your health fund rebate amount, please check with your fund prior to the consultation.

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

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