Confidential New Patient Information Form

Name: _____Parents / Guardians (If 0-16yrs) _____ DOB: _____

Address: _____P/Code: _____

Tel: (H) _____ (W) _____ (M) _____

Email: _____ Occupation: _____

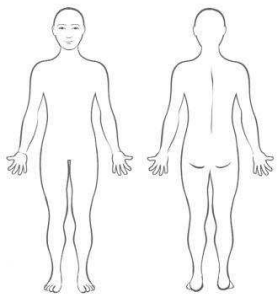
Who were you referred by? : _____

Are you visiting for:

☐ Wellness treatment

☐ Specific complaint

Please briefly describe below any specific problem, and indicate any areas of concern by marking the diagram below (if applicable):



Please answer any applicable questions:

- When did this problem commence?

  ……

- Has this occurred previously?

  ……

- What do you think caused it, or what have other practitioners told you about your problem?

  ……

- Is the problem getting

  ☐ worse ☐ better ☐ no change

- What makes it feel better?

  ……

  ……

- Have you had any previous treatment? Please specify:

  ……..

- Was this treatment successful?
  ☐ Yes ☐ No

- Have you seen a Myotherapist before?
  ☐ Yes ☐ No

  If yes, who & when? ……..... ..

- Have you had any tests performed?
  ☐ Yes ☐ No

- List any medication, drug or supplement that you have taken recently and the reason for taking it:

  ……

- Specify any previous or current health problems, hospitalisations or surgery:

  ……

- Specify any trauma in the past (e.g. falls, fractures, dislocations, motor accidents, concussions etc.):

  ……..

- List any sport, exercise or hobbies that you partake in:

  .....

  .....

Please circle if you have experienced problems with the following (past or present).

- ☐ Chronic pain
- ☐ Diabetes
- ☐ Balance
- ☐ Coordination
- ☐ Dizziness or Vertigo
- ☐ Headaches
- ☐ Skin disorders
- ☐ Allergies
- ☐ Weakness
- ☐ Numbness, Tingling, or Altered Sensation
- ☐ Persistent Pain
- ☐ Depression
- ☐ Osteoporosis
- ☐ Epilepsy
- ☐ High Blood Pressure
- ☐ Arthritis
- ☐ Heart / Vascular problems
- ☐ Infectious conditions
- ☐ Varicose veins
- ☐ Breathing / asthma
- ☐ High Blood Pressure
- ☐ Nausea or Vomiting

I have read and I understand the following:

(1) All information that I have provided above is true & correct.

(2) I appreciate that correcting of my symptoms is not always guaranteed.

(3) Myotherapy is well recognised as being an extremely safe health care intervention for people of all ages, however as with all health care disciplines there is the very rare risk of complications, which may include muscle soreness.

(4) I understand that payment is required at the time of consultation.

Signed: _____

Date: _____