

# SALUBRIOUS NATURAL THERAPIES

Address: Flynn Community Hub, 21 Bingle Street, Flynn, ACT 2615  
Phone: 02 62591650 Email: [salubriousnaturaltherapies@gmail.com](mailto:salubriousnaturaltherapies@gmail.com)

## ***New Homoeopathy Client Information Form***

Date: \_\_\_\_\_

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Email id: \_\_\_\_\_ (would like to be on our mailing list  Y  N )

Date of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_

Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Private health Fund (if you require a receipt) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

(Payment must be made before the online consultation)

Please read, sign and date:

I AGREE TO THE FOLLOWING TERMS OR PAYMENT FOR TREATMENT:

1. I'm ultimately responsible for paying my account even though I may nominate another party.
2. I have paid for the skype consultation before sending this form and I'm attaching the payment confirmation with this.
3. I agree to forward all correspondence to this office relating to my claim or account.

Signed:.....

Date:.....

# SALUBRIOUS NATURAL THERAPIES

Address: Flynn Community Hub, 21 Bingle Street, Flynn, ACT 2615  
Phone: 02 62591650 Email: [salubriousnaturaltherapies@gmail.com](mailto:salubriousnaturaltherapies@gmail.com)

## ***New Homoeopathy Client Information Form (CONFIDENTIAL)***

*Please answer the following carefully*

### **Health History**

- 1) What medications are you taking at present?
- 2) How frequently do you get colds and flus?
- 3) Have you had any childhood illnesses twice, or in a severe form, or after puberty?
- 4) Have you had vaccinations since the standard childhood ones? Have you ever had an adverse or unusual reaction to a vaccination?
- 5) Have you had any surgery? What and when?
- 6) Have you had at any time (mention year): what therapy was given/
  - a) Warts: where?                                      When?                                      How treated?
  - b) Cysts: where?                                      When?                                      How treated?
  - c) Polyps: where?                                      When?                                      How treated?
  - d) Tumours: where?                                      When?                                      How treated?
- 7) Sensitivity:
  - a) Do you need a smaller dose of medications than most other people?
  - b) Do you need lesser anesthesia than others, or have a hard time coming out of it?
  - c) Do you tend to react to vitamins and herbs and/or need hypo allergic vitamins?
  - d) Are you sensitive to paint fumes, exhaust, dry cleaning fluid, fragrances, etc.?