



As a new patient, please complete the following information to the best of your ability on **all 3 pages**

Date Completed:

yyyy / mm / dd

**MEDICAL INFORMATION & HISTORY**

Last Name:		
Name:		Date of Birth: yyyy / mm / dd
Height:	Weight:	Gender:
Street Address:		City:
Cell Number:		Alternative Contact Number:
E-Mail Address:		
Special Comments / Concerns:		
Where did you hear about us		
Next of Kin Name:		Contact Number:
		Relationship to Patient:

Method of Payment

Cash

Date

EFT

Date

Credit Card

Date

**Account Details:**

Name of Account: **CELLQUICKEN PTY LTD**  
 Bank: **First National Bank**  
 Branch: **Olympus Plaza**  
 Branch Code: **258-155**  
 Account Number: **62743445555**

# MEDICAL HISTORY SECTION

Please be thorough and check **each system** either **YES** or **NO**. Provide details of the **MOST** important medical conditions, complaints or illnesses in every section where **YES** is indicated in the space provided on page 3.

## 1 HEART AND CIRCULATION

YES  NO

*Example:* chest pain (angina), abnormal heartbeat, high blood pressure (hypertension), heart valve replacement, congenital (born with) heart disease, rheumatic fever, high cholesterol, previous heart surgery (stents, pacemaker).

## 2 MENTAL HEALTH

YES  NO

*Example:* mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, sleeping disorders (e.g. narcolepsy), Alzheimer's disease, autism, attention deficit-hyperactivity disorder (ADHD), drug and/or alcohol abuse. Bulimia/anorexia.

## 3 TUMOURS AND GROWTHS

YES  NO

*Example:* cancerous skin lesions (basal cell or squamous cell carcinomas), breast disease (cysts/fibromas/infections), breast lumps, non-cancerous or cancerous tumours, malignancies or metastatic cancer (as medically diagnosed).

## 4 METABOLIC OR ENDOCRINE

YES  NO

*Example:* diabetes I or II (specify which type!), thyroid disease, pituitary gland, osteoporosis, growth deficiency, metabolic disorders, congenital defects, hormonal abnormalities

## 5 GYNAECOLOGICAL & OBSTETRIC

YES  NO

*Example:* cervix conditions (CIN or infections), abnormal/painful/heavy menstrual bleeding, endometriosis, polycystic ovarian syndrome, infections/discharge, ovarian pathology (cysts, absent after hysterectomy), uterus abnormalities

## 6 ABDOMINAL

YES  NO

*Example:* hepatitis, liver cirrhosis, alcoholic liver disease, liver failure, pancreatitis, pancreas disorders (insulin abnormalities), gall stones, heartburn and reflux, hernias (diaphragm/umbilical/groin), ulcers, inflammatory bowel diseases (Crohn's disease, ulcerative colitis).

## 7 BRAIN AND NERVE

YES  NO

*Example:* stroke, brain bleeding (aneurism), epilepsy, motor neuron disease, myasthenia gravis, migraine and headaches, Parkinson's, disease, spinal cord injury, paraplegia (lameness), blackouts (transient ischemic attacks). Speech abnormalities

## 8 BLOOD AND CIRCULATION

YES  NO

*Example:* deep vein thrombosis, anaemia, ITP (platelet deficiency), blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia and other bleeding disorders, varicose veins, spider veins (telangiectasia).

## 9 BREATHING AND RESPIRATORY

YES  NO

*Example:* asthma, chronic obstructive pulmonary disease (emphysema, chronic bronchitis, bronchiectasis), interstitial lung diseases, tuberculosis and other chronic infections, sarcoidosis, pneumonia

## 10 EYE

YES  NO

*Example:* cataract (only if currently present), keratoconus, corneal ulcer, uveitis, glaucoma, squint, any abnormality of eyelids, retinopathy, macular degeneration, cornea transplant, eye surgery, blindness (partial or full), retinal detachment.

## 11 MUSCULOSKELETAL (BACK, BONE & MUSCLE)

YES  NO

*Example:* ongoing back pain, scleroderma, dermatomyositis, sarcoidosis, fibromyalgia, degenerative disc disease, scoliosis, kyphosis, spinal column/vertebral conditions, gout, fractures (only at present), physical disability

## 12 EAR, NOSE, THROAT (ENT) & DENTISTRY

YES  NO

*Example:* chronic otitis media (middle ear infection), chronic otitis externa, hearing problems (**specify**), hearing aid, cochlear implant, tonsillitis, adenoiditis, deafness, nasal surgery, dental treatment or dental surgery (specify).

## 13 KIDNEY OR URINARY

YES  NO

*Example:* kidney and/or renal failure, kidney stones, recurrent urinary infections, polycystic kidney disease, urinary incontinence, bladder infections, other bladder or kidney problems.

## 14 MALE UROGENITAL CONDITIONS

YES  NO

*Example:* prostate disorders (abnormal PSA, prostatitis), urogenital defects, varicocele, tumours, undescended testes, phimosis, urinary incontinence, erectile dysfunction/impotence.

## 15 IS ONE OF YOUR SHOULDERS LOWER THAN THE OTHER (DROOPING SHOULDER)

YES  NO

## 16 DO YOU HAVE ABDOMINAL / BELLY FAT?

NO   
MODERATE   
EXCESSIVE   
EXTREME

## 17 ANY CONDITION NOT MENTIONED ABOVE

YES  NO

If yes, please note those on page 3

