Naturopathic Essential Health

Follow up Client Health Assessment Form

Male/Female/Child

Fill in as much detail as possible and attach any recent medical test or photos

Please indicate if filling in this form for a minor (person under 18)

Please note you must be the minor's parent/legal guardian to continue with this form

A phone consultation of 30 minutes is included with all follow up health assessments conducted by email. (Australian phone numbers only). A convenient time will be negotiated via email or text message.

Name:	**Date:**
Address:	**Phone number:**
Email:	**Reference Number:**

Are you filling in this from for a minor: Yes / No

Are you the minor's parent/legal guardian: Yes / No (please note you must be the minor's parent/legal guardian to continue with this form)

Should you be filling in this form for a minor, please write the minors name and details in the box above and write your full name and relationship with the minor here:

Information you would like to discuss regarding your treatment plan:

Main concerns you would like improved or treated in this consultation:

Medications taken: (inhalers, insulin, steroids, anti-infammatories, antacids or others)

Supplements taken: (vitamins, minerals, protein shakes, other)

I understand as the client that by making payment I am agreeing to the terms and conditions of the original consent form and that my personal information will be kept private and confidential at all times

***Please note: to submit your form, please pay and upload your saved form via our website**

www.naturopathicessentialhealth.com.au/online-consultation