



Confidential Client Information

Name: _____ Date of Birth: ___/___/___ Age: ____
Address: _____ Postcode: _____
AH Phone: _____ BH Phone: _____ Mob: _____
Email: _____ Occupation: _____
Emergency Contact: _____ Phone: _____
GP: _____ Phone: _____
Referral Source: _____

What do I need to know about your current health? (illness/pain/treatments)

Other healthcare: (specialists, chiropractor, naturopath etc):

Medical History: (major illness/surgery/broken bones/accidents/trauma/dental/mental health etc)

Vitamins/Supplements/Medication:

Please rate your happiness with the following life areas (10 = extremely happy)

Health: ___/10 Energy: ___/10 Relationships: ___/10 Money: ___/10 Work: ___/10 Sleep: ___/10 (___hrs)

Relationship: Never Married /Partnered /Married /Separated/ Divorced/ Widowed (circle)

Number of Children: ____

How many times per week do you exercise? What type?

Do you regularly drink alcohol? No/Yes **Are you a smoker?** No/Yes

Circle any concerns: Weight, Digestion, Skin, Diet, Anxiety, Depression, Stress, Anger, Shame, Greif, Abuse, Bullying, Fatigue, Pain, Injury, disability, Illness, Allergy/Intolerance, Fertility, Pregnancy, Birth preparation, Learning difficulties, Memory, Phobias, Fears Sabotage, Goals, Communication, Confidence, Self esteem, Commitment, Relationships, Sex life, Spiritual connection, Creativity, Abundance, Life Balance, Clarity, other issue _____



What do you consider your passions and strengths? What lights you up?

Do you have any personal goals you would like to achieve?

Are you living your ideal life? Describe your current/future vision for you life.

What would you like to work on in our sessions together? What would be your ideal outcome?

Cancelation policy

Sarah Newstead maintains a 48 hr cancellation policy. A fee of 50% of the consultation fee may be applicable. If you are unable to attend all efforts will be made to reschedule your appointment with sufficient notice. If you cannot attend at short notice you are welcome to send a friend or family member in your place.

Privacy Policy

Sarah Newstead collects personal details and medical information for the primary purpose of providing quality care. All information remains private in accordance with the privacy act. Further consent will be obtained if your information is to be used for purposes other than the above.

I give Sarah Newstead permission to discuss assessment, treatment and recommendations with my general practitioner & other health professionals I see to enable a team approach to my wellbeing when/if appropriate. This will always be discussed before hand.

I consent to receive emails relating to my session, clinic news and other resources. Y / N (circle)

We dislike spam too & will never share your email address

Client's signature: _____

Date: _____

Office use only: S, NF, M, CJ, B, I, NS, +/-, R, F

First session: __/__/__ Location: _____ Referral: _____