

## Welcome to Body & Brain Centre!

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mum's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Siblings' Names & Ages: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mum's Mobile: \_\_\_\_\_ Dad's Mobile: \_\_\_\_\_

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

Please Tick:  I would like to receive newsletters with special offers, health tips and more.

Who can we thank for referring you? \_\_\_\_\_ PS they will get a thank-you voucher

If online, what search words were used? \_\_\_\_\_

Has your child had Naturopathic care previously? Yes / No Last Treatment: \_\_\_\_\_

Name of Previous Naturopath: \_\_\_\_\_

What is the main reason(s) for your appointment today? Please list 1 or 2.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?  Yes  No If YES, what is the allergy to & how do they react?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication, including dosage:

Current: \_\_\_\_\_

Significant Previous: \_\_\_\_\_

Is Your Child Up to Date with Their Vaccinations?  Yes  No

How was your child delivered?  Vaginal  Caesarian (planned)  Caesarean (emergency)

How was your child fed in the first months of life?  Breastmilk only  Formula only  Mix

Has your child suffered any major or recurring conditions?

Diagnosis: \_\_\_\_\_ Year: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Year: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Year: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Year: \_\_\_\_\_

Please list any surgeries or major car accidents you child has had:

Incident: \_\_\_\_\_ Year: \_\_\_\_\_ Incident: \_\_\_\_\_ Year: \_\_\_\_\_

Incident: \_\_\_\_\_ Year: \_\_\_\_\_ Incident: \_\_\_\_\_ Year: \_\_\_\_\_

### Physical

Chiropractic  
Myotherapy  
Remedial Massage

### Brain

Biofeedback  
Neuro-Rehab  
Brain Scans

### Emotional

Counselling  
Meditation

### Nutritional

Dietetics/Nutrition  
Naturopathy

### Traditional

Acupuncture  
Chinese Medicine

**Has Your Child Had or Having Problems with:**

Past	Current	N/A		Past	Current	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bowels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eczema / Skin Conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breastfeeding Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies / Intolerances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleep (terrors, walking, etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Bladder Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity to Light, Touch, Noises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Throat Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Growing Pains
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restless Legs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-Ordination / Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident Prone Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moodiness / Tantrums
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy / Seizures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tics / Twitches / Tourettes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading or Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Messy Handwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arithmetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separation Anxiety

**Is there any family history of major or recurring conditions? Please indicate relationship to you for each condition.**

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**Please list other health treatments you are undertaking at the moment (outside of the clinic).**

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Chinese Medicine

## Informed Consent to Naturopathy

Please read this information carefully, and ask your practitioner if there is anything that you do not understand or if any questions arise.

### What is Naturopathy?

Naturopathy focuses on maintaining harmony in the body. When harmony is disrupted, illness or unwanted symptoms. It is a naturopaths job to get to the root of the issue in order to achieve balance in the body again.

This can be done with:

- Herbal medicine
- Prescription-grade supplements
- Lifestyle modification
- Holistic nutritional advice
- Flower essences

Naturopathy may be helpful with:

- Women's health & hormones
- Mental health
- Allergies & intolerances
- Fertility, preconception, pregnancy & post-natal
- Improving energy
- Sustainable weight loss
- Skin conditions
- Gut health
- Detoxification
- Mens' health
- Thyroid dysfunction
- Boost immune system
- Preventative health

### Is Naturopathy safe?

Naturopathy is generally very safe. Severe side effects are very rare – around 2.3 per 1000 treatments. It's important to provide your Naturopath with a full and accurate medical history and all your symptoms.

### Does Naturopathy have side effects?

You need to be aware that:

- Some herbs and supplements are not appropriate during pregnancy;
- Some herbs and supplements can cause bloating, gas, stomach-ache, nausea, vomiting, headache, bowel changes, rashes, hives, tingling in the tongue or menstrual irregularities. Severe reactions only occur 0.23% of the time and are generally gastrointestinal related;
- Some herbs and supplements can interact with medication to either have an additive or subtractive effect of the medication's effects;
- Some herbs and supplements can cause toxicity if not taken in the correct dosage.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

**Other treatment options** are available such as medication, surgeries and physical therapies. Naturopathy can be used as a stand-alone therapy or in conjunction with your other therapies.

**The risk of remaining untreated or delaying treatment** can complicate your condition and make future treatment programs more complex, timely and expensive.

### **PLEASE DO NOT SIGN UNTIL YOU HAVE SPOKEN TO YOUR NATUROPATH**

I have read the above and acknowledge I am aware of and understand the potential risks. I do not expect the Naturopath to be able to anticipate or explain all the risks and complications. I wish to rely on her/his judgement during the course of the procedures which she/he feels, at the time, based upon the facts known, is in my best interests.

I have had the opportunity to discuss with the Naturopath & ask questions about the nature and purpose of the examination and treatment and all of my concerns. I understand that results are not guaranteed.

Please Tick

- The information provided is accurate and fully inclusive to the best of my knowledge. I understand the advice and treatment plan is made on the information that I provide. I will update my practitioner on any medical conditions or health concerns as they arise.
- I hereby request and consent to Naturopathic examination and management. I understand that I can withdraw my consent at any time.
- I understand I must provide 24 hours notice if I'm unable to attend my scheduled appointment to avoid paying a 50% late fee. If I fail to attend an appointment, without notice, I understand I'm liable for 100% of the consultation fees. I also understand that fees are payable on the day of consultation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ (Parent/Guardian) CHILD'S NAME \_\_\_\_\_

NATUROPATH'S SIGNATURE \_\_\_\_\_ Own behalf of any current or future Naturopaths of BBC

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