



AMANDA HOBLEY  
*Reconnect & Restore*

### CLIENT CONFIDENTIAL DATA

PRACTIONER: Amanda Hobley			DATE:		TIME:		
First Name:			Last Name:				
Address:			Telephone: (Mobile)				
City:		State:		Postcode:		(Home)	(Work)
			Email:				
Name and Phone Number of person in case of emergency:			Date of Birth:		Blood Type:		
Occupation:			Sex: Male / Female				
Marital Status:		No. Of Children:		Health Fund: YES / NO			

### CURRENT TREATMENT INFORMATION

Are you taking any medicines? Please provide name and dosage. Include any medication (including pills and HRT), nutritional supplements, herbs, etc.

Please provide details of your regular doctor or other health service providers:

Telephone: Date of last visit:

Are you pregnant or planning to get pregnant? YES/NO

Have you had any immunisations shots (e.g. overseas shots)? YES/NO

Do you have any allergies? YES/NO

Have you had any previous conditions, illnesses, operations or been hospitalized? YES/NO

### FAMILY HISTORY (Please check all that applies and state who and age.)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Skin Disorder	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Genetic Disease	<input type="checkbox"/> Hypotension
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Allergies	<input type="checkbox"/> Mental Disorder
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Autoimmune



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**DIET AND LIFESTYLE**

How would you describe your overall diet? IE. What would be typical breakfast, lunch, dinner and snacks:

How much of the following would you consume on a typical day?

Coffee/Tea

Fruit Juice

Water

Alcohol

Cigarettes

Recreation Drugs

Chocolate

Soft /Energy Drinks

Do you participate in any regular exercise program? Yes/No

What are your hobbies?

What are you hoping to achieve by coming to a natural therapist?

**DISCLAIMER, CONSENT & WAIVER**

I have read and agreed to the [Disclaimer, Consent and Waiver Form](#) (click on link or read the form attached).  
I understand that Amanda Hobley is not a medical practitioner and does not practice, diagnose or prescribe allopathic medicine (medical drugs).

Signature:

Date:

Signature of parent/guardian:

Date:

Please tick the box if you would like to stay connected, receive updates and information to support you. ☐