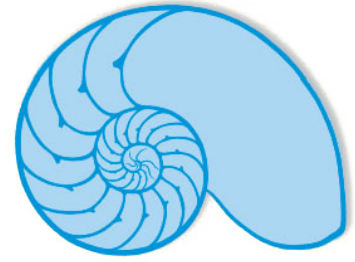


Stillpoint Acupuncture & Craniosacral Therapy

10 Scotland St, Nelson
ph 03 545 7988



Charlotte Stuart

Mac, RN, NZRA member, ACC Provider

Health History Questionnaire

This questionnaire is to help me provide you with a complete evaluation. Please take some time to consider the questions. All answers will be confidential. Thank you.

Date: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Emergency Contact: _____ Phone: _____

What are your current health concerns?

What are your Health Goals?

Have you ever experienced any accidents or surgeries?

Have you ever experienced physical/ mental/ emotional trauma?

Do you have any medical conditions?/ if so for how long?

Are you taking any medication or supplements?

Are there any major illness's in your immediate family?

Do you know about your own birth?

What are your support networks and how do you nourish and support yourself?

Please tick if you have experienced within the last 6 months:

Head/Senses

- Eye Problems
- Teeth Problems
- TMJ
- Sinus/allergy
- Swollen glands
- Ear Problems

Respiratory/Cardiovascular

- Chest pain
- Breathing problems
- Cough
- Palpitations
- High or low BP

Digestion

- Diarrhoea
- Constipation
- Bloating
- Nausea
- Food intolerances

General

- Poor sleep
- Fatigue
- Cold hands & dizziness
- Depression/anxiety

Musculo-skeletal

- Neck/shoulder pain
- Back pain
- Joint pain
- Muscle pain
- Tendonitis
- Bursitis

Gynae/Urinary

- Urination problems
- Irregular periods
- Painful periods
- No of pregnancies
- No of live births
- Contraceptive pill