



6 Hawkens Road  
Makarau RD1  
Warkworth 0981

### Case History Adult

Date:

Name:	Date of Birth:
Address:	Occupation:
Contact: Tel H: Tel W: Tel M:	GP (Name & Address):
Email:	How referred:

Covid 19 Screen:  no concerns

### Health Conditions:

Please check if you have had any of the following (specify if yes):

- \_\_\_ Diabetes:
- \_\_\_ High Blood Pressure:
- \_\_\_ Heart Problems:
- \_\_\_ Lung Problems:
- \_\_\_ Thyroid Problems:
- \_\_\_ Kidney Problems:
- \_\_\_ Gallbladder Problems:
- \_\_\_ Bladder Problems:
- \_\_\_ Digestive Problems:
- \_\_\_ Rheumatoid Arthritis:
- \_\_\_ Hepatitis:
- \_\_\_ Cancer:
- \_\_\_ Recurrent Headaches:
- \_\_\_ Fainting:
- \_\_\_ Hearing/Vision Problems:
- \_\_\_ Other conditions:

Are you taking any medication? Yes No  
Please list (including supplements) \_\_\_\_\_

Do You suffer from any Allergies? Yes No  
Please list \_\_\_\_\_

List any Surgeries you have had (with date or age if possible)