

DATE:

CLINIC LOCATION:

THINKNUTRITION

**CLIENT REGISTRATION FORM**

Nutritionist notes:

<b>Please complete this form as fully as possible.</b>			
First Name:		*Your GP's Name:	
Surname:		Practice Address:	
Address:		*Only contacted if required with your agreement below	
Town/City:		Next of Kin:	
County:		Your Date of Birth:	
Postcode:		Age:	
Mobile:		Height/Height:	
E mail:		Occupation:	
<i>If above is a minor, please provide a parents' details:</i>		Is your job hectic/stressful?	
What are your health concerns and what would you like to achieve?			
Is your GP aware of your health concerns?		Do we have your permission to write to your GP?	
Are you seeing any other Professional for any condition or treatment? If yes, please provide details overleaf:			
Do you take any medications, supplements, remedies, etc.? YES / NO ..If yes, please provide details and dose:			
Do you have epilepsy? Or suffer from dizziness, fainting or low blood pressure?			
Have you had any serious illnesses or surgery in your life including cancer?			
Have you had any trauma or major stressful event in your life in the last 10 years.			
Do you suffer from depression or feeling blue?			
Do you smoke or have any addictions to alcohol or any other substances?			
Do you have diabetes or a family history of diabetes or cardiovascular disease?			
Do you have high blood pressure or high cholesterol?			
Have you taken antibiotics in the last 10 years or as a child?			
Are you pregnant now or looking at fertility?		Have you had a miscarriage?	
Do you take a contraceptive pill, patch or device?		Are you on HRT?	
<input type="checkbox"/> I confirm to the best of my knowledge that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. I understand that Hilary Kingston offers a wellness service which is not intended to be a diagnostic service. As such, the treatments carried out should only be complementary to, and not replace, orthodox medicine or the professional care that you receive from your GP, Medical Doctors or Consultants. None of the treatments or services are a remedy to cure but to work with your body's own healing ability or a realization that changes in your lifestyle may progress you to a healthier state.			
<input type="checkbox"/> I have read and fully agree to the Terms & Conditions and the 48 hour Appointment Cancellation Policy as per the website <a href="http://www.ThinkNutrition.co.uk/fees/terms-and-conditions">www.ThinkNutrition.co.uk/fees/terms-and-conditions</a> .			
<input type="checkbox"/> I hereby agree that my data entered in this contact form will be stored and will be processed and used for the purpose of establishing contact. I am aware that I can revoke my consent at any time. No data will be passed on or given to other companies.			
<b>Print Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

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