# Health History Form

Wodonga Chinese Medicine Clinic

|  |  |  |  |
| --- | --- | --- | --- |
| Personal information | | | |
| Name | Date | | File number: |
| Address | Suburb/Town & State | | Post code |
| Phone (H) | (W) | | (M) |
| Email address | | | |
| Date of birth | Sex | | Country of birth |
| Occupation | | Referred by | |
| Health fund | | GP | |
| Sport or recreational activities | | | |
| Main concern | | | |
| Insurance claim | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Medical History | | | |
|  | Hypertension |  | Fainting or dizzy spells |
|  | Arthritis |  | Headache / migraines |
|  | High cholesterol |  | Varicose veims |
|  | Asthma |  | Blood Clots |
|  | Heart problems |  | Osteoporosis |
|  | Diabetes |  | Cancer |
|  | Epilepsy |  | Low back pain |
|  | Others | | |

\*All information is held in the strictest confidence. Thank you for your cooperation.