

**Magnolia Natural Medicine**

673 Bishop Road  
WORROLONG  
SA 5291  
Phone: 08 8725 2315 Mobile: 0438 001 021

**Dr Dianne Connell** BSc Dip Ed Dip Ac Member AACMA (Doctor of Chinese Medicine)

**Patient Intake Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Birthplace (city & country): \_\_\_\_\_ Time of birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Partner's Name: \_\_\_\_\_ Children: \_\_\_\_\_

Occupation: \_\_\_\_\_ Do you enjoy your work? \_\_\_\_\_

Doctor's name and phone number \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

How were you referred to this clinic? \_\_\_\_\_

Private Health Fund: \_\_\_\_\_ Health care card or pension? \_\_\_\_\_

**What is your presenting condition/reason for visit?** \_\_\_\_\_

**Medical History**

Past/present illnesses \_\_\_\_\_

Surgeries/Scars \_\_\_\_\_

Allergies \_\_\_\_\_

Vaccinations \_\_\_\_\_

Accidents/traumas \_\_\_\_\_

Stresses \_\_\_\_\_

Infections past or present \_\_\_\_\_

Toxic exposures in the past \_\_\_\_\_

Number of silver amalgam fillings: \_\_\_\_\_ No. of root canal fillings: \_\_\_\_\_

**Prior treatment(s):** \_\_\_\_\_

**Family Medical History (both sides of family):** \_\_\_\_\_

Blood Group: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Exercise per week (amount and type): \_\_\_\_\_

Hobbies and leisure pursuits: \_\_\_\_\_

Prescription Medicines currently being taken and doses: \_\_\_\_\_

Nutritional Supplements/Herbs: \_\_\_\_\_

Amount per day of:

Coffee: \_\_\_\_\_ Tea: \_\_\_\_\_ Alcohol: \_\_\_\_\_

Water: \_\_\_\_\_ Cola drinks: \_\_\_\_\_ Cigarettes: \_\_\_\_\_

Typical Diet:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Do you crave any food(s)? \_\_\_\_\_