

Confidential Health Questionnaire Shiatsu Centre, 20A Lower Goat Lane NR2 1EL
Please fill in only what you are comfortable with, and feel free to add anything relevant

Contact Details

Name _____
Date of Birth _____
Address _____
Postcode _____
Tel daytime _____ Tel eve _____
Email _____ Mobile _____
How did you hear about us? _____
GP's name/practice _____
Occupation _____
Married, Single or other _____
Children *their age* _____

Please tell us why you would like Shiatsu

Energy levels and lifestyle

Is your life stressful _____
Sleep Pattern _____
Energy / Tiredness _____
Exercise _____ *How often* _____
Tobacco _____ Ex Smoker: Y / N
Allergies _____
Are you receiving any other treatment _____
Medication, herbs or supplements _____

Diet

What do you normally eat for:

Breakfast _____	Lunch _____	Dinner _____
Snacks _____	Food Cravings _____	
Taste preference:	sweet / salty / sour /	bitter / spicy / bland
Tea <i>how much</i> _____	Coffee <i>how much</i> _____	Alcohol or other _____

For Women

Menstruation _____ Type/colour of blood _____ Amount of blood _____
Birth Control what kind _____ How long for _____
Pregnancy: how many and when normal _____
Miscarriage _____ Termination _____

PTO

General Physical Symptoms

Pain *location and type* _____
Stiffness *location* _____
Coldness or Heat *location and type* _____
Headaches *location and type* _____

Anything else? Please specify below if appropriate:

Eyes _____ Ears _____
Nose _____ Throat _____
Mouth _____ Coughing *type* _____
Breathing _____ Mucus or Phlegm *colour* _____
Chest _____ Heart _____
Dizziness _____ Blood Pressure _____
Circulation _____ Body temperature _____

Stomach _____
Digestion _____
Bowel Movements: *Constipation* ____ *Diarrhoea* ____ *Normal* ____ *How often* ____
Urine *colour and amount* _____ *How often* _____

When you get ill, what do you usually get?

Major illnesses and operations, and date(s)

Accidents and date(s) (broken bones, sprains, etc.)

Family Health Background

Mother _____
Father _____
Brothers _____
Sisters _____

Data Protection Act 1998: This questionnaire is confidential and we will not share your information with anyone. Occasionally we would like to keep you informed by email of any news regarding the Shiatsu Centre; if you would prefer NOT to be included on our mailing list please tick here ____ Thank you.

Signature

Date