

Client Medical Record



Name: _____ Member / Past member / Non Member

Address: _____

Tel Home: _____ Tel Work: _____

E-mail _____ Tel Mobile: _____

DOB: _____

How did you hear about us?: _____

What attracted you to cell-IQ™?: _____

Are you currently suffering or have ever suffered from any of the following:

	Yes	No	Comment
Epilepsy			
Urine infection			
Diabetes			
Cancer			
Medical oedema			
HRT (Hormone replacement therapy)			
Any Kidney problems or issues			
Auto immune disease			
Currently pregnant			
Gastric ulcers			
Any form of infection, fever or disease			

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Cardio vascular conditions			(Thrombosis, phlebitis, hypotension, hypertension, heart conditions/disease)
Regular antibiotics/medications taken			If yes, please list....

Any condition already being treated by a practitioner:

List ALL medication / regular supplements that you are currently taking:

Do you have any of the following:

	Yes	No	Comment
Thyroid problems			
Any metal pins/plates/cosmetic implants			
Dermatitis or other skin issues			
Muscular/skeletal problems			Back aches / Pain / Stiff joints / Headaches
Digestive problems			Constipation / Bloating / Liver / Gall bladder / Stomach
Circulation problems			Heart / Blood pressure / Fluid retention / Varicose veins
Gynaecological problems			Irregular periods / PMT / Menopause
Nervous system			Migraine / Tension / Stress / Depression
Immune system			Prone to infection / Sore throats / Colds / Chest / Sinuses
HIV			

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Lifestyle questions:

Yes	No	Comment
Last period dates:		
Job description:		
Do you eat regular meals?		How many per day?
Do you eat in a hurry?		
Do you exercise?		PLEASE CIRCLE: Occasionally Irregularly Regularly
Please list types of exercise:		
Do you take vitamin supplements?		If yes, please list...
Do you suffer allergies?		If yes, please list...
How would you mark your current stress level? (1-10, where 1 is low, 10 is high):		
Do you smoke?		If yes, how many per day?...
Do you drink alcohol?		If yes, approximate units per week?..
Date of last visit to the Doctor:		

Please list any recent Operations / Fractures / Scars / Localised swelling:

(Within 3 months for fractures and 1 year for operations)