**New Patient Enquiry Form**

**(To be completed for each patient and signed by the patient or guardian only)**

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| Patient name: |   | Date of birth: |  |
| Appointment requested by: |  |
| Relationship to patient: |  |
| Patient / guardian home ph: |  | Mobile phone: |  |
| Patient / guardian email: |  |
| Patient / guardian address: |  |
| Is there a particular Doctor you wish to see? |  Yes No   | Drs Name: |  |
| Have you ever seen an Integrative Doctor? |  Yes No   | Drs Name: |  |
| How did you hear about our practice / practitioner? |
| Primary reason for request:  Digestion Autism Musculoskeletal Mental Health      Allergy / Sensitivity Cancer Support Thyroid Anti-Aging    Hormone Imbalance Fatigue Child Health Genetic Disorder     |
| Symptoms: |  | Ongoing for? |  |
| Symptoms: |  | Ongoing for? |  |
| Known conditions: |
| Chronic conditions: |
| Relevant testing completed: |  | Laboratory: |  |
| Other relevant information / comments: |

Thank you for your enquiry, we welcome both new and existing patients to our practice. If your matter is urgent, or you are an existing patient of one of our Doctors, please note that on the enquiry form and your request will be given priority. The wait for new patient appointments may vary, though more urgent cases will be triaged accordingly. For subsequent appointments the wait time may be several weeks and we encourage you to book your next appointment ahead of time. If your matter is acute, or urgent please speak to our staff and they will endeavour to fit you in with one of our Doctors as soon as possible.

Each doctor has different areas of interest and varying amounts of availability for new patients. This enquiry will be referred to the most appropriate practitioner. Please take a moment to read the practice information sheet prior to completing this request. You can submit your enquiry online, via email, mail, or fax. We welcome the opportunity to assist you and will contact you by phone within three business days.

**Patient / Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**