Patient Form

Hearty Center Pty Ltd
Www.heartycenter.com.au

PLEASE COMPLETE THIS FORM 1 DAY BEFORE CHECKING IN.
OR DOWNLOAD AND COMPLETE A PRINT VERSION HERE.

First name

Middle name

Surname

DOB dd/mm/yyyy

Address

Phone/ Mobile

Email

Weight

Height

Date when diagnosed dd/mm/yyyy

Types of cancers

Current medication
(including supplements, herbal tea)

Any other treatments

Any allergies (especial food allergies)

Hearty® CENTER HAPPY. HEALTHY. HEARTY!™

LIFESTYLE:

Stress level (1 to 10 maximum) | Energy level (1 to 10 maximum) | Exercise (how mins per day)

Smoking: ❑ Yes ❑ No | **Alcohol:** ❑ Yes ❑ No | **Coffee:** ❑ Yes ❑ No

Sleep quality (hours/night) | Wake up (times/night)

Nervous system:
❑ Mood
❑ Concentration/ Memory
❑ Headaches/ Migraine
❑ Dizziness/ Light- headedness.

Digestion/GIT:
❑ Appetite ❑ Burping ❑ Reflux ❑ Bloating/ fullness
❑ Discomfort ❑ Nausea ❑ Flatulence ❑ Bowel Motions – regularity
❑ Colour ❑ Consistency ❑ Diarrhoea ❑ Constipation
❑ Straining ❑ Complete evacuation ❑ Mucous/ blood in stool

ENT/ Respiratory:
❑ Ears ❑ Nose ❑ Throat ❑ Allergies
❑ Sinus ❑ SOB ❑ Wheeze ❑ Cough

Immune:
❑ Frequency of infection ❑ Resolution/ Healing time
❑ Type of infection (colds & flus, UTIs, skin, thrush, cold sores etc) ❑ Convalescence?

Circulation/CVD:
❑ Peripheral ❑ Palpitations ❑ Dizziness ❑ Tinnitus
❑ Short Of Breath ❑ Blood pressure ❑ Cholesterol ❑ Oedema
❑ Varicose veins/ haemorrhoids ❑ Easy bruising

Musculoskeletal:
❑ Muscle tension / Cramps / Spasm / Pain
❑ Joint stiffness / Pain / Swelling ❑ Injuries / Accidents ❑ Posture

Skin / Hair / Nails: ❑ Quality ❑ Condition ❑ Changes ❑ Irritation ❑ Rash ❑ Itch ❑ Discharge

Genitourinary: ❑ History Urinary Tract Infection ❑ Location ❑ Frequency ❑ Urgency ❑ Dysuria

Female Repro: ❑ PAP ❑ Contraception ❑ Infections ❑ Thrush
❑ Currently menstruating? ❑ Menarche ❑ Regularity of cycle
❑ Cycle length ❑ Duration of flow ❑ Quality ❑ Colour
❑ Consistency of flow ❑ Clots Menopausal Symptom

Male Repro Prostate: ❑ Frequency ❑ Urgency ❑ Dysuria ❑ Discomfort
❑ Pain ❑ Nocturia ❑ Problems initiating or stopping flow
❑ Dribbling ❑ Incomplete emptying ❑ Discharge ❑ Infections
❑ Libido ❑ Erectile dysfuntion ❑ Andropause ❑ Fertility

Endocrine / Other:

List all food that you ate yesterday:

Any craving?

Any disease or discomfort anywhere in your body?

Can you sleep well?

Can you eat well?

Bowel movement daily (poo poo how many times per week)?

Culture

Are you a religious person?

How did you find out about Hearty Center?