



Sr No	Index Letter	Date of Consultation
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Personal Details

Name : _____
Surname First Name Addressed as

Phone No : (R) _____ (O) _____ (M) _____ (F)

Address Resi : _____

Work / School : _____

Email : _____

Date of Birth : _____ Wt _____ Ht _____ Male / Female

Emergency Contact Name : _____

Emergency Contact No : Resi _____ Office _____ Mobile _____

Educational Qualifications : _____

Occupation : _____

Work related duties : _____

Marital Status : _____

Spouse Name : _____ Age : _____ Education: _____

Occupation : _____

Medical History :

Children

Age /Sex: _____ Occupation : _____

Medical History

Age /Sex: _____ Occupation : _____

Medical History

Age /Sex: _____ Occupation : _____

Medical History

Parents**Mother :**

Age _____ Occupation : _____

Residing with _____

Medical History

Father :

Age _____ Occupation : _____

Residing with _____

Medical History

Siblings**Brothers :**

Age _____ Occupation : _____

Medical History

Age _____ Occupation : _____

Medical History

Age _____ Occupation : _____

Medical History

Sisters :

Age _____ Occupation : _____

Medical History

Age _____ Occupation : _____

Medical History

Age _____ Occupation : _____

Medical History



Reasons for this visit

Referred by _____ Diagnosed by _____

Any known allergies _____

Previous treatments and duration _____

Ongoing treatment _____

Diet and daily routine (be as meticulous as possible):-

<<Per every 1 hour slot starting 6 am ending 11pm>>

Format in excel sheet attached _____

Family

Describe yourself as a person _____

Describe your relationship with the Family _____

Describe areas of maximum strain (family front) _____

Perceived ways of tackling it _____

Goals / Time frames –long term _____

short term _____





Work Satisfaction

Major areas of strain (work related) _____

Ways to tackle them _____

Any thought of upgrading skills / ongoing education / lateralisation _____

Goals	Timeframe	Visualisation
Short-term		
Long-term		

Hobbies

Time devoted _____

Satisfaction derived _____

Goals _____



Society

	Role	Relation	Responsibility
Friends			
Society at large (community)			

Sports and Exercises

	Sports			Exercise		
Type						
Time						
Frequency						
Satisfaction						

Concepts

	Religion	Cultural
Activities		
Involvement		

Concept of social contribution

Concept _____

Steps taken _____



Physical characteristics

General appearance	Groomed / tidy / elegant / plain / neglected
Built	Lean / stocky / obese
Complexion	
Posture	upright / slump / stooped / rigid / relaxed / lopsided / raised shoulders
Body language	standing back / coming forward / responsive / reactionary / defensive / easy going / aware of space / invasive / expressive / relaxed / willing / restraint
Mannerism	nervous / fidgety / timid
Gait	
Any other particular trait	

Digestion	
Appetite	
Nausea	
Vomiting	
Hunger tolerance	
Flatulence	
Eructation	
Apthae	

Cravings		Comfort food
Aversions		In illness
Habits		Healthy eating concept



Food

Allergies _____
Avoidance for religious purposes / health / philosophical or intellectual belief _____
Veg _____
Fruits _____
Meat : Red / White _____
Water intake daily _____
Alcohol _____
Tea / coffee _____

Eliminations

Stool		Urine		Perspiration	
Frequency		Freq		General	
Time		D/N		Particular areas	
Satisfaction		Control		Stains	
Consistency		Burning		Odour	
Straining		Color		Deposits	
Bleeding (present or past)		Bedwetting		Excoriations	
Mucous		Duration			
Worms		Freq			
		Aggr			

Menstrual functions

FMP _____ LMP _____

Duration _____ Cycle _____

Clots : big / small Colour _____ Stains _____ Odour _____

PMS :

Water retention _____

Mood swings _____



Pain : Abd / Back / Legs / Breast

Headache

Nausea / vomiting

Changes in menstrual cycle

Marriage after _____

Pregnancy after _____

Any recent changes _____

Any thyroid history in family _____

Any medications taken / hormonal regulation _____

Thyroid profile – T3 / T4 / TSH _____

Luecorr (white discharge - women)

Onset _____ Color _____ Consis _____ Itching _____

Aggra factors : _____

Pains : Back / abd / extrem

Effects felt on overall health _____

Douching _____

Sexual function

Freq _____ Contraception _____ Effects _____

Vaginal dryness / pain / numbness Prepuce – Cracks / infection / retraction

Ejaculation – normal / premature / involuntary / absent / painful

Feelings re sex - self _____ partner _____

Libido – increase / decrease Reasons _____

Obstetric history of the Patient

Pregnancies _____ Abortion _____ Planned /unplanned

Age at the time of conception _____ Sex preferences of unborn child _____

Emotional state during pregnancy _____

Life situation during preg _____



Morning sickness _____ Wt gain _____

Cravings / aversions _____

Back pain _____ Odema _____ H.T. _____ Piles _____ Varicose veins _____

FTND Labour : Natural /induced / Forceps / Vacuum C.Section : emergency / elective

Feelings generated _____

Lactation : adequacy _____ Feeling state _____

Bonding towards new born _____

Neonatal problems : Jaundice / Asphyxia / Cord sepsis /Any other _____

Birth wt _____

Thermal

Preference for - Heat / Cold _____

Tolerance of - Heat / Cold _____

Aircon _____ Fan _____ Draft _____ Woolens _____ Sun _____ Bath/shower _____

Motion sickness – bus / boat / air _____ Covering _____

Sleep - Deep / light / refreshing / talking / walking / screaming / starts / fear / any other _____

Dreams (remembered / unremembered)

Repetition – past _____ present _____

Theme _____

Objects _____

Feelings - Sinking / crushing / pressure _____

Past history

Patient

Illness

Age

1. _____

2. _____

3. _____

4. _____



5. _____

Systems affected presently

- Cardiovascular _____
- Respiratory _____
- Nervous _____
- Gastrointestinal _____
- Genito-urinary _____
- Reproductive _____
- Endocrine _____
- Lymphatic _____
- Skeletal _____

Family Medical history

Relation	Paternal	Maternal
Parents	Father -	Mother -
Brother		
Sister		
Grandfather		
Grandmother		
Uncles		
Aunts		
Cousins		



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Vaccinations _____

Any recent surgeries _____

Physical information

Weight _____ **Height** _____ **Blood**

Pressure(systolic / Diastolic) _____

Please attach any Medical and Pathological Lab reports (Past and Recent)

**Please provide a comprehensive list of any past and current medication
(mainstream as well as alternative)**

Please list any other Therapies (past and present)

Please list any vitamins, health supplements or herbs taken

Please email a 2-3min video of yourself in any convenient setting (for remote / tele-consultations)



INDEMNITY

I, give my consent to undergo Naturenurtures Pte Ltd alternative and complementary therapies plan and confirm that I have been made aware of the fact that my condition, is a possible contraindications to some of them.

I hereby agree to release Naturenurtures Pte Ltd, its representatives and employees from liability of any injury or illness caused during or after treatments.

I agree to indemnify and hold Naturenurtures Pte Ltd and its said designees harmless for any claims, demands and / or judgments arising from or on account of said treatments rendered in good faith.

.....
Name

.....
Signature

.....
Date