

## CHEAM NATURAL HEALTH CLINIC

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Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Landline phone: \_\_\_\_\_

GP name/Surgery : \_\_\_\_\_

Your privacy is important to us, and we want to continue to communicate with you in a way which you have agreed to, and which is in line with UK law on Data Protection. We would like to know how you would rather we contact you regarding your medical care, please tick all that apply.

Call  Text  Email

In the event that we would like to update you on our latest services, are we allowed to contact you?

Yes  No

### HEALTH QUESTIONNAIRE

If Yes, please provide details of treatment(s) and date(s) "In other comments" on page 2		Yes	No
<b>1</b>	Have you undergone/are you undergoing any cancer treatment ( <i>such as chemotherapy, immunotherapy or radiotherapy</i> )?		
<b>2</b>	Have you had an organ, bone marrow or stem cell transplant?		
<b>3</b>	Have you been diagnosed with a lung condition ( <i>such as asthma, COPD, emphysema, bronchitis, cystic fibrosis</i> )?		
<b>4</b>	Have you been diagnosed with a heart condition ( <i>such as high blood pressure or heart failure</i> )?		
<b>5</b>	Have you been diagnosed with diabetes?		
<b>6</b>	Have you been diagnosed with chronic kidney disease, liver disease ( <i>such as hepatitis</i> ) or had spleen problems ( <i>including its removal</i> )?		
<b>7</b>	Have you been diagnosed with a condition affecting your brain or nerves ( <i>such as Parkinson's disease, motor neuron disease, multiple sclerosis, or cerebral palsy</i> )?		
<b>8</b>	Have you been diagnosed with a condition which makes you at higher risk of getting infections ( <i>such as SCID, sickle cell, lupus, scleroderma, HIV</i> )?		
<b>9</b>	Are you taking medications which can affect your immune system ( <i>such as steroids, immunosuppressants</i> )?		
<b>10</b>	Are you severely overweight (BMI of 40 or above)?		
<b>11</b>	Are you pregnant?		
<b>12</b>	Have you got any allergies ( <i>such as hayfever, peanut, dust mites etc</i> )?		

# CHEAM NATURAL HEALTH CLINIC

Medication list	Operation history	
	Dates	Operation details
Date of medication last review:		

Answers to health questionnaire/other comment:

**DECLARATION**

I hereby confirm that the information provided herein is accurate, correct and complete to the best of my knowledge. I undertake to inform you (Clemence Chiffot, Registered Osteopath) of any changes to the information already provided.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

If applicable, guardian's name: \_\_\_\_\_

