

# Hay fever customer registration

## INTAKE FORM



**Holistic Notion**  
Homeopathic Healthcare

Welcome to the Holistic Notion clinic. This form is required to be completed for all new clients, for both in-person and online (Skype) appointments.

Any information you provide will be treated with complete confidentiality as per the *Privacy Act 1988* (<http://www.oaic.gov.au/privacy/privacy-act/the-privacy-act>).

Personal information collected is done so in order to assist in the provision of service. Personal information will not be collected unless it is relevant for a purpose directly related to a function or activity Holistic Notion, and will only collect information by lawful means as per our published privacy policy, available at: <https://holisticnotion.com/privacy>

## Client information

\* indicates a compulsory information

Title*	E.g. Mr/Ms/Mrs/Miss	Gender*	E.g. Male/Female/Transgender/Intersex/Other
Given name*		Surname*	
Preferred name*		Date of birth*	dd / mm / yyyy
Address*			
State*		Postcode*	
Phone*		Email*	
Ethnicity		Occupation	

## Emergency contact

Name		Relationship		Phone	
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## Healthcare provider/GP

Name		Clinic name/ address	
Phone			

## Referral information

How did hear about Holistic Notion? (Mark with an X)

Family/friend		Social media		Google search	
Advertisement		Referral from another healthcare provider		Other:	

## Acknowledgement

### Proscribed diseases/conditions

Proscribed diseases/conditions should only be treated by, or in conjunction with, a western medical doctor. In accordance with the Health Practitioner Regulation National Law (<http://www.ahpra.gov.au/About-AHPRA/What-we-do/Legislation.aspx>) non-medical health practitioners cannot claim the ability to cure or offer any service in the nature of a cure for certain conditions, as follows:

- |                       |                  |                 |
|-----------------------|------------------|-----------------|
| 1. HIV/AIDS           | 4. Poliomyelitis | 7. Tuberculosis |
| 2. Multiple Sclerosis | 5. Cancer        | 8. Diabetes     |
| 3. Hepatitis          | 6. Epilepsy      | 9. Leukaemia    |
|                       |                  | 10. SARS        |

Signature:		Date:	
Name (print):			

## Next steps

- Fill in the hay fever symptom questionnaire (over page)
- Send this completed form to: [intake@holisticnotion.com](mailto:intake@holisticnotion.com)

# Your hay fever symptoms

## CLIENT QUESTIONNAIRE

Hay fever can be treated before the season, to try and reduce your predisposition or tendency towards hay fever. An acute hay fever medicine can be used for relief through the spring or when hay fever symptoms strike.

In order to choose the correct medicine(s) for you, I will need some details about the nature of your hay fever. There are many thousands of homeopathic medicines. This questionnaire will help to identify which of these homeopathic medicine(s) are useful in your particular case.

Please don't be put off by all these questions! They are intended to trigger your memory, as the more information you can the better.

### Eyes

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Are they itchy?

Where?

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Are they sore?

Where?

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Do you rub them?

Does it help?

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Are they watery?

Or is there pus?

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Are they red?

Where?

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Does the light bother you?

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Anything else?

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## Nose

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Is it sore?

Where?

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Is it itchy?

Where?

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Is it watery?

Or thick mucus?

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Do you sneeze?

How much?

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Is it red?

Where?

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Anything else?

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## Throat and roof of mouth

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Is it itchy?

Where?

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Is it sore?

Where?

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Or burning?

Where?

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Is there any noticeable taste?

What like?

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Anything else?

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## Face and skin

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Is there swelling?

Where?

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Is there dryness?

Where?

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Is it itchy?

Where?

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Is there burning?

Where?

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Is there redness?

Where?

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Anything else?

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## Better or worse

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Is it better or worse at any time of day?

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Does anything help it or make it worse?

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Is there any particular mood associated with your hayfever?

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## Medications

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Please list medication taken