

**Personal Information**

Client's Name:

Address:

City:

Postcode:

Home Phone:

Work Phone:

Mobile Phone:

Email:

Who May We Thank For Referring You To Our Practice:

Address &amp; Location Of Patient:

**Health Profile**

Why is this form important?

At CEAT NZ Ltd., we focus on the ability to stay healthy. Our goals are first to address the issues that motivated you to contact us, & second to offer the opportunity of improved health, wellness & performance for the future. On a daily basis humans and animals experience physical and biomechanical stresses that can accumulate and result in a serious loss of health potential. Most times the effects are gradual & may not even be felt until they become serious. Answering the following questions will give us a profile of the specific stresses (past & present) that you or your animal faces and allows us to better assess the challenges to health potential.

**Patient:**

Patient #:

DOB:	<input type="checkbox"/> Dog	<input type="checkbox"/> Equine	<input type="checkbox"/> Cat	<input type="checkbox"/> Human	Date of Initial Presentation:	/	/	Tx #:
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Presenting Problem:

Patient's Occupation (past &amp; present):

Frequency (e.g. # of times per wk) &amp; intensity of work:

**Traumatic Events History**

Illness:

Injury:

Operations:

Current Medications:

Other Health Issues:

Doctor/Vet (delete as appropriate):

Dentist:

Date of last visit:

*Animals Only*

Annual Vaccinations &amp; Date:

Last de-worming (date &amp; products used):

Feed type:

Feed Supplements:

*Horses Only*

Farrier:

Date of last shoeing / trim:

Type of Shoes (if any):

**I consent to a professional and complete neuro-musculo-skeletal examination and any extra investigations that the practitioner deems necessary. I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.**

Signature:

Date:

Thank you for filling out this form. It is your first step to creating wellness!