



New Client Intake Form

Office use only
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Pr: C/O:

Please complete and submit prior to your first consultation (click and type in grey areas). Save form and email to info@purehealthandwellness.com.au.

Form fields for personal and contact information: Date, Title, Occupation, Name, Surname, Preferred name, Date of birth, Address, Postcode, Telephone work, Telephone home, Telephone mobile, Email, Emergency name, Relationship, Emergency phone, Blood group, Height, Weight, Medicare number, Health fund name, Family doctor's name, Family doctor clinic name, Clinic Address, Clinic telephone, Postcode, Contact details of other health practitioner(s).

Please list any allergies

Please list any prescribed medical drugs you currently take and the dosage

Please list any natural medicines, remedies or nutrients you currently take (either professionally or self prescribed), even if only taking on an "on and off" basis

How did you find out about Pure Health and Wellness Clinic?

Note: a fee of 50% of the consultation cost will be charged if less than 24 hours cancellation notice is provided. Please tick to acknowledge

Should your symptoms persist, please see your medical practitioner.

Unit 10, Bassendean Shopping Centre, 45-71 Old Perth Road, Bassendean WA 6054
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AHM #21072497 | AusUnity #21074278 | HBF #B9700 BUPA #9956567H | ARHG, GMF, HIF, Police #AN08398N
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