Claudette Varley R.N.,BScN

Neurological Integration System Practitioner

ACADEMY MEMBER
NEUROLOGICAL INTEGRATION SYSTEM NIS BY NEUROLINK®

DETAILS

Mr/ Mrs/ Ms/ Miss First Name: Middle: Last Name:

Address: D.O.B.

Suburb: City: Occupation:

Postcode: Country: Email:

How did you hear about us? Doctor/ Specialist referral Website Publication

Circle Friend/ Family/ colleague

Circle Please name the person:

Preferred contact method: Circle Email / Phone / SMS

Ph: Home

Ph: Mobile

Ph: Work

CURRENT HEALTH

Primary Complaint:

Other health concerns:

MEDICATIONS

Prescribed Drugs:

Supplements:

Antibiotics/ Pain killers:

Recent vaccinations:

TESTING TO DATE

X rays / ultra sound:

Cat scans/ MRI / EEG:

Blood urine tests:

Treadmill / ECG:

SYMPTOMS/ CONDITIONS

☐ ALLERGIES:
Food/ Gluten Intolerant/
Hayfever/ Sinus/
Other:

☐ ASTHMA
Respiratory Complaints
Other:

☐ CARDIAC:
Arrhythmia/ Cholesterol/
Congenital Defects/
Diabetes/ Heart attack
Other:

☐ CHRONIC ISSUES:
Cancer/ Leukemia
Motor neurone disease
Other:

☐ CHRONIC FATIGUE / ME:
Tiredness

☐ CIRCULATION:
Blood pressure
Cold or swollen feet/ hands /
Dizziness/ Shortness of breath
Other

☐ DEPRESSION
Anxiety/ Stress/ Bi polar
Other

☐ DIGESTION:
Irritable Bowel/ Gluten Intolerant
Bloated Stomach/ Constipation
Diarrhea/ Stomach or Bowel Pain
Other

☐ GLANDULAR PROBLEMS:
Thyroid / Prostrate/ Kidneys
Other

☐ IMMUNITY:
Cough/ Cold/ Flu
Reflux/ Colic/ Frequent Infections
Ear/ Throat/ Nasal
Other:

☐ INFERTILITY:
Other:

☐ LEARNING/ BEHAVIOURAL PROBLEMS:
Aspergers/ Autism/ ADD/ ADHD
Dyslexia/ Dyspraxia/ Coordination
Spelling/ X Tables/ Reading
Concentration/ Hyperactivity
Other

☐ MIGRAINE/ Headache
Other

☐ NEUROLOGICAL:
Injury/ Trauma
Stroke/ Seizure/ Embolism
Other

☐ PAIN (Structural):
Back/ Neck/ Hip/ Knee/ Wrist/ Foot/
Sciatica/ Arthritis/ Osteoporoses
Other

☐ SKIN:
Excema/ Dermatitis/ Psoriasis
Other

☐ SLEEP PROBLEMS:
Insomnia/ Apnea/ Tiredness
Other

☐ SPORTS INJURIES/ Training:
Other

Signature

Date

PRIVACY ACT NZ, 1993 Patient to sign if another person is to be present at visit.

Name of person present

Signature (By guardian if child is under 16 years)