

Please fill in as many details as you can.
This will allow more time to be spent on your consultation

Your details are stored securely on a database and will not be shared without your consent

FULL NAME (CAPITALS)	
Mobile	
EMAIL (CAPITALS)	
ADDRESS (CAPITALS)	
POSTCODE:	
Home Phone (if no mobile)	
Date of Birth	
Occupation	
Your G.P. ?	
Any other practitioners?	
How did you find me?	

Medicines you have
taken recently
Including
supplements,
herbs etc.

Please tick for occasional details of my courses
and workshops on:.

- Qigong
- Self Help
- Chinese Medicine

**Please sign to confirm you agree to
receive treatment* from Gordon Peck:**

* Treatment may include acupuncture, massage, acupressure and warming points

If you have time, please complete these details:

Are you married (or with a partner)?

Children?

Any scars which give problems?

Allergies?

Do you wear a magnetic bracelet ?

Please tick any operations you have had and give approximate dates:

Tonsils/adenoids

Appendix

Hernia

Prostate surgery

Vasectomy

Sterilization

Termination

Prolapse repair

Hysterectomy

Episiotomy or tear

Caesarian

Any other surgery or serious accidents and illnesses?

If I need to contact you about appointments which method/s would you prefer?	Email	Text	WhatsApp	Mobile call	Landline

Thank you