

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

P.T.O. 

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?

[Optional] Covid vaccination/boosters?

Thank you