

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 (in CAPITALS)

ADDRESS (CAPITALS)

POSTCODE:

Phone (Home)

Phone (Work)

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? Please give age/s

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

Caesarian

Hernia

Vasectomy

Sterilization

Prostate surgery

Termination

Prolapse repair

Hysterectomy

Episiotomy or tear

Any other surgery or serious accidents and illnesses?

[Optional] Covid vaccination/boosters?

Thank you