

# FREE WHOLE HEALTH CONSULTATION

Please provide your contact details so that we can call you to make an appointment for you to see one of our whole health advisors. Desana respects the privacy of your personal details.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

1) Are you seeking treatment for (please tick):

- to improve your health and well-being  
 for a specific condition/s, please describe:

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2) Please provide details and a brief history of your condition/s:

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3) Are you currently under the care of a physician for your condition/s?  Yes  No

4) Have you previously tried any complimentary therapies?  Yes  No

If yes, please provide details:

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5) Is your priority (please tick one):

- a specific treatment modality, if so what \_\_\_\_\_  
 a practitioner best suited to helping your condition  
 a practitioner that your health fund will rebate  
 a convenient day or time

6) Would you prefer (please tick one):

- male practitioner  female practitioner  either

*Thank you for your enquiry, we will be in touch.*