

CLIENT REGISTRATION FORM v6 Int

Please complete this form as fully as possible. Please read the Disclaimer and Practice Terms before signing.

First Name:					
Surname:					
Address:					
Town/City:		Marital Status:			
County:		Children:			
Postcode:		Your Occupation:			
Home Tel:		Date of Birth:			
Mobile Tel:		Height:			
Work Tel:		Weight:			
E mail:		Blood Group:			
<i>If above is a minor please provide parents' details</i>		Hair Colour:			
Mother:		Your GP's Name:			
Father:		Address:			
Other:		Dr. Telephone:			

What are your 6 main health concerns and/or what would you like to achieve?

1	4
2	5
3	6

Is your GP aware of your health concerns?

Are you seeing any other Professional for any condition or treatment? If yes, please provide details

Do you take or are you about to take any prescribed or self prescribed drugs, medicines, supplements, remedies, etc.?

If yes please provide details & dose or attach a copy of your prescription

1	5
2	6
3	7
4	8

Do you smoke cigarettes? Yes / No Per day?	Do you take recreational drugs? Yes / No	Details:
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Have you tried to stop?	Would you like to stop?
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Do you drink alcohol? Yes / No	How much? How often?	Do you binge drink and get drunk sometimes?
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CONDITION	NOW	PAST	DETAILS	CONDITION	NOW	PAST	DETAILS
Acne				Bi-polar			
Addiction				Bladder Infection			
Addiction, Alcohol				Bloating			
Addiction, Chocolate				Blood Clots			
Addiction, Cigarette				Blurred Vision			
Addiction, Drug				Boils			
Aggression				Bowel Disorders			
AIDS				Breast Lump			
Allergies				Breast Tumour			
Alopecia				Breastfeeding Mother			
Alzheimer's Disease				Bronchitis			
Anaemia				Brown Spots on Skin			
Anger				Bruising			
Angina				Bulimia			
Anorexia				Burning Feet			
Anxiety				Bursitis			
Arteriosclerosis				Cancer			
Arthritis				Candida Albicans			
Arthritis, Osteo				Canker Sores			
Arthritis, Psoriatic				Cardiac Arrhythmias			
Arthritis, Rheumatoid				Cardiovascular Disease			
Asthma				Carpel Tunnel			
Athlete's Foot				Cataracts			
Attention Deficit				Cerebral Palsy			
Autism				Chemical Sensitivity			
Back Problems				Chest Infection			
Bad Temper				Chronic Fatigue			
Bed Wetting				Cigarette Smoker			
Behaviour problems				Cirrhosis of Liver			
Coeliac/Celiac				Epilepsy			
Colitis				Euphoric (loss of awareness)			
Constipation				Exhaustion			
Craving sweets				Fatigue			
Crohn's				Fibromyalgia			
Cystic Fibrosis				Fractures			
Cystitis				Frequent Urination			
Dandruff				Fungus under nails			
Deep Vein Thrombosis				Gall Bladder Problems			
Defensiveness				Gall Stones			
Dementia				Gas			
Dental Braces				Gastric Ulcer			
Dental Extractions				General Good Health			
Dental Fillings				General Poor Health			
Depression				Glandular Fever			
Dermatitis				Glaucoma			
Diabetes				Gout			

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CONDITION	NOW	PAST	DETAILS	CONDITION	NOW	PAST	DETAILS
Diarrhoea				Gum Disease			
Digestive Disorders				Haemorrhoids			
Diminished Growth Rate				Hair Growth Poor			
Diverticulosis				Hair Loss			
Dizziness				Hay Fever			
Drug Addiction				Headaches			
Dyslexia				Hearing Problems			
Ear Infection				Heart Disease			
Eczema				Heartburn / acid reflux			
Emotional problems				Hepatitis			
Emphysema				Herpes			
Endometriosis				Hiatus Hernia			
High Blood Pressure				Low Self-Esteem			
High Cholesterol				Lupus			
HIV				ME - Myalgic Encephalomyelitis			
Hives				Memory loss			
Hostility				Menopause			
Hot Flashes				Menstrual Problems			
Hyperactivity				Mental Confusion			
IBS - Irritable Bowel Syndrome				Mental Problems			
Immune Disorders				Mental Retardation			
Impotence				Migraines			
Indigestion				Mind Racing			
Infection				Miscarriage			
Infertility				Mood Swings			
Inflammation & swelling				Mouth dry			
Injury				Mouth Ulcers			
Insomnia/Sleep problems				Multiple Sclerosis			
Irritability				Muscle Cramps			
Joint Pain				Muscle Tone Poor			
Joint Problems				Muscle Weakness			
Kidney Problems				Muscular Dystrophy			
Kidney Stones				Myositis - Muscle Inflammation			
Learning Disabilities				Nail Growth Poor			
Leukaemia				Nail Ridges			
Loss of Appetite				Nails Soft			
Loss of Awareness				Nails, white marks			
Loss of Balance				Negative Feelings			
Loss of Concentration				Nerve pain			
Loss of taste				Nervousness			
Low Blood Pressure				Neuralgia			
Nightmares				Retinitis			
Obesity				Rheumatism			
OCD				Ringing in Ears			
Oedema				Schizophrenia			
Oedema/Edema							

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CONDITION	NOW	PAST	DETAILS	CONDITION	NOW	PAST	DETAILS
Osteoporosis				Sciatica			
Ovarian pain				Scoliosis			
Overweight				Sinus Problems			
Pain				Skin dry			
Pain between shoulder blades				Skin flaky			
Paranoia				Skin itchy			
Parkinson's Disease				Skin oily			
Periodontal Disease				Skin Pigmentation Problems			
Periods - cessation				Skin Rash			
Periods - painful				Skin Ulcer			
Phlebitis				Skin, Brown Spots			
Phobias				Spider veins			
PMS				Stomach Problems			
Poor Attitude/Outlook				Stress			
Poor Circulation				Suicidal Tendencies			
Poor Digestion				Surgery			
Poor Hair Growth				Taking Birth Control Pills			
Poor nails				Tendonitis			
Pregnant				Thrombophlebitis – Vein inflammation			
Prostate Problems				Thrombosis			
Psoriasis				Thrush			
Psychological Problems				Thyroid Problems			
Reynaud's – disease affecting extremities				Thyroid - Overactive			
Respiratory Infection				Thyroid - Under active			
Tired most of the time				Tinnitus / ringing in ears			
Torrettes Syndrome				Varicose veins			
Tumour				Vertigo			
Tumour Benign				Vitiligo – skin colour disease			
Tumour Fatty				Volatility			
Ulcers				Water Retention			
Underweight				Weight Gain			
Urinary Infection				Weight Loss			
Urination Problems				Weight Problems			
Urticaria or Hives				Worrying			
Uterine Fibroids				Yeast infection			

THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY:

Are you pregnant now or in the near future? YES / NO	Do you take a contraceptive pill, patch or device? YES / NO
Are you on HRT? YES / NO	Have you had a miscarriage? YES / NO

Is there anything else that you think may be important or has not been covered above?

CHARGES, DISCLAIMER, SIGNATURE & TERMS

International Fee – Combined fee for Hair Tissue Mineral Analysis Test, Interpretation and Follow Up Telephone Consultation including postage and handling: International - £195.00

International - Hair Retest and Follow up telephone appointment - £195.00

UK Distant Fee - Combined fee for Hair Tissue Mineral Analysis Test, Interpretation and Follow Up Telephone Consultation including postage and handling: - £185.00

UK - Hair Retest and single Follow up telephone appointment - £185.00

Please read the following Disclaimer & Practice Terms on the next page before signing this form:
 I understand that the service provided by Nature Systems is not a substitute for the medical care, prescription and treatment that I receive from my GP and other Medical Doctors. I understand that Amin Abdulla trading as Nature Systems is a Natural Health Practitioner with SHNS dip Nutrition, Advance Nutrition and Herbalism qualifications and member of the International Collage of Holistic Medicine

I fully understand that Nature Systems does not diagnose medical conditions but provides wellness services and support through information, education, diet, wellness tests, nutritional advice, therapy and supplementation.

I undertake to advise my GP, Doctors and other health care providers that I am following a nutritional and supplemental programme and that I am responsible to use any nutritional supplements recommended only in the manner specified and will inform Nature Systems of any other remedies, prescription or over-the-counter drugs taken by me and any changes to my health.

I confirm that I have completed this form accurately and I have read and accepted the practice terms, charges and disclaimer before signing. In the event of any consultations, I confirm that I shall inform Nature Systems if there is a change to any of the information I have given above.

SIGNATURE

Name:

Signature:

Date:

Please use the space below or attach a sheet to make additional comments:

PRACTICE TERMS

1. Nature Systems is the trading name of Amin Abdulla SNHS dip Nutrition, Advance Nutrition, Herbalism, MICHM who is the proprietor of the business, our correspondence address, contact details and visiting centres are shown at the end of this page
2. We offer a range of natural health & wellness consultations, information, tests, supplements and education.
3. We do not replace the professional and prescribed care that you receive from your GP and other Medical Doctors
4. We do not diagnose disease nor offer medical services. We recommends that you seek the advice of your Medical Doctor for any medical problems that you have or may suspect you have or that may have been highlighted as a result of information obtained from or through any of our services. Our services are not a substitute for your Medical Doctors diagnosis, care, advice or treatment.
5. We offer high quality nutritional supplement form a number of suppliers
6. We offer a number of wellness tests from UK and overseas suppliers and laboratories; details of which can be viewed at our website
7. Any testimonials, product claims, therapy claims made by suppliers, manufacturers, individuals and/or clients are based on his, her or their personal experience only and as such we disclaim all liability for such claims that may be made
8. By completing any part of this form you hereby agree that you have read and understood this document and disclaimer
9. Payment Terms: All fees and any additional charges for supplements, tests or other products supplied or ordered on your behalf are payable on demand, or at the end of each consultation in Cash. Cheques are accepted if supported by a cheque guarantee card. Cheques must be made payable to Nature Systems. Telephone Consultations are on a prepaid basis only. You may also make electronic payments via PayPal or debit and credit card as and when available
10. Appointment Cancellation: You must provide a minimum of two business days notice for cancellation of an appointment at Thurso and Wick; due to the distances involved, we require three business days notice for appointment cancellations at all other locations; otherwise a cancellation charge equal to a standard consultation fee will be charged
11. In the event that you cancel an appointment due to disruption to road, rail, air or ferry transportation, or adverse weather conditions, civil commotion, strikes etc., no cancellation charge will apply. The clinic also reserves the right to cancel appointments due to adverse weather or disruption of transportation.
12. The Clinic reserves the right to amend any aspect of its fees, charges, terms and conditions of trade at any time. Details of any such changes will be posted on the website where applicable and available on request
13. Privacy Statement. We hereby confirm, commit and guarantee to ensure the privacy of all information that you provide. Any information you share with us our consultants and staff is kept strictly private and confidential. We shall remain the sole owner, possessor and collector of the information supplied by you. This information is used only to provide the best possible service to you. Any information supplied to us by you at consultations, via the telephone, email, and letter or collected from a response to our website shall form part of this privacy statement. We shall use the contact information you provide to communicate with you and provide you newsletters, products and services information.
14. The Clinic hereby guarantees that it will not disclose, rent, sell or loan personal information to any third party unless authorised by you in writing to an officer of The Clinic, or if ordered to do so under law by an order of a Court of Law in Scotland.

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