



**Dubbo Clinic**  
259 Brisbane St, Dubbo

**Mudgee Clinic**  
Mudgee Medical Centre  
145 Church St, Mudgee

## GUT HEALTH QUESTIONNAIRE

Please complete the following questionnaire. Your response remains confidential and will provide information for your practitioner to use in your assessment and treatment.

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Parent/Guardian (children only): \_\_\_\_\_

Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctors Details: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

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

Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

How did you hear about Macquarie Natural Health? Please tick the category below.

Advertisement	Article	Brochure/Flyer/Poster	Email
Facebook	Friend/Relative	Gift Voucher	Pharmacy/Health Food
Practitioner referral	TV/Radio	Walk by signage	Website
Other (please specify) _____			

### GENERAL DETAILS

Please list the main problems you are experiencing and/or reasons for this appointment.

What do you believe is causing the problem?

What kind of treatments(s) have you tried for the problem(s) listed above? Please detail any relevant testing or investigations and bring relevant copies with you to your consultation.