



Gordon Peck BAc CAc (Chengdu) MBAC
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Your First Visit

Come prepared

Please make sure you have filled in the New Patient form

If you are not sure about medicines you are taking, please bring them with you.

Try to avoid alcohol or heavy meals before the treatment (but don't go hungry).

At the clinic

Use any parking space except the slot at the far right (unless you are a blue badge holder).

Parents for the nursery next door arrive at 9:00, 12:00, 1:00 and 4:00. Be warned!

Please ignore the threatening parking notices. They aren't aimed at you.

There is no receptionist, so please take a seat in the waiting room.

Seen before, but not for a long time?

You will need a one hour appointment if you have not been for five or more years.

You can save time by making a note of anything that might have changed since I last saw you - illnesses, accidents, address, email, medications.

Payment

Payment is made on the day of treatment, by cash, cheque or bank transfer (not cards).

After treatment

Often there will be a relaxed, calm feeling, and you may feel more energetic.

Some people are sleepy later (more likely if you are over-stretched).

If you do feel tired, try to have an early night to get most benefit from the treatment.

If you notice a brief flare-up of symptoms as your body adjusts, you can expect to feel a good improvement afterwards.

Need any more information before you come?

Please email or phone if you need any help.

I look forward to seeing you

Gordon Peck

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.

Tick if you **would** like occasional details of my courses and workshops.

**Please sign to confirm you agree to
receive treatment from Gordon Peck:**

P.T.O. 

If you have time, please complete these details:

Are you married, or with a partner?	
Children? Please give age/s	

Do you wear a magnetic bracelet or anything similar ?

Any scars which give problems?

Please tick any operations you have had and give approximate dates:

Tonsils/adenoids

Appendix

Gallbladder

Hernia

Vasectomy

Sterilization

Prostate surgery

Termination

Prolapse repair

Bladder Repair

Episiotomy or tear

Hysterectomy

Any other surgery or serious accidents and illnesses?

Any allergies?

Thank you