

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:**

**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**