

Detailed Personal History Form

Please take a moment to complete this form... the information you provide will assist with gaining the most from your sessions at Boji Solutions and will be treated confidentially

Referred to Boji Solutions by: _____ Date: _____

Full Name: _____

Street Name: _____ Suburb: _____

Post Code: _____ Age: _____ Date Of Birth: _____ Email: _____

Phone (H): _____ (W): _____ (M): _____

Occupation: _____ How long in this work: _____

Family G.P: _____ Other Health Practitioners: _____

Spouse/Partner (Name, Age, Gender): _____

Children (Name, Age, Gender) _____

Siblings (Name, Age, Gender): _____

Past Trauma/Accidents (inc. Date & Age): _____

Past Illnesses (inc. Date & Age): _____

Current Medication: _____

Current Supplements: _____

Food Preferences (Circle): 'Meat & 3 Veg' Vegetarian Vegan Macrobiotic High Protein
Wheat Free Gluten Free Dairy Free Other: _____

Describe your daily/weekly or monthly intake of:

Sugar: _____ Coffee: _____ Tea: _____ Alcohol: _____ Water: _____

Interests / Social Activities / Clubs: _____

Exercise / Sports: _____

Self Development Activities: _____

What is the reason for your visit? (please include any history related to this): _____

Is there anything else I should know or that you want to share with me?: _____



"If you can dream it, you can do it"