HOMEOPATHY

NEW PATIENT FORM – Confidential

Completing this form will enable us both to better understand the reasons for your current complaints. Nobody but you or I will ever have access to it.

CONTACT DETAILS

Name:……. Date of Birth: ….. / ….. / …..

Address: ……

…… Postcode: ……..

Tel. Number: …… Mobile Tel No.: ……..

Work No.: ……...……. Okay to call home? (YES /NO) At Work? (YES/NO)

Email address: ……

MAJOR COMPLAINTS

Please list the major complaints you would like help with, in order of importance.
Tick here if there are any particular sensitive items you do not wish to write down (…..)
Often it is more useful to discuss the feelings surrounding particular event(s) than to discuss the actual event(s) themselves.)

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

If you do not have enough room on this form, please use a separate piece of paper.

YOUR MEDICAL HISTORY

(Do the best you can, talk to Mum/Dad if possible. Never mind the spelling!)

Date (Age 3 etc)	Problem / Symptom(s)	Doctor Medications if Known

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FAMILY HISTORY

Please give me the 5 major illnesses that affected the following members of your family

PARENTS

MOTHER (Age …..) If deceased tick (…..)	**FATHER (Age …..) If deceased tick (…..)**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

GRANDPARENTS

Mat. Grandma **Age (…..) Dec'd (….)**	**Mat. Grandpa** **Age (…..) Dec'd (….)**	**Pat. Grandma** **Age (…..) Dec'd (….)**	**Pat. Grandpa** **Age (…..) Dec'd (….)**
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

BROTHERS / SISTERS

Date (Age 3 etc)	**Problem / Symptom(s)**

PLEASE BRING THIS WITH YOU TO YOUR FIRST APPOINTMENT