

REGISTRATION/HEALTH QUESTIONNAIRE FORM

Please fill in this form and bring it with you to the 1st consultation, many thanks.

There will be an opportunity to give details of all your problems at your 1st consultation; this information is to obtain preliminary information only and will be kept with your confidential notes held in the homeopathy clinic.

FULL NAME AND TITLE

ADDRESS

POST CODE

TELEPHONE

DATE OF BIRTH

MARITAL STATUS

CHILDREN (ages)

RELIGION

OCCUPATION

PREVIOUS OCCUPATIONS

HOBBIES

NAME AND ADDRESS OF GP

PLEASE GIVE BRIEF DETAILS ABOUT THE COMPLAINT(S) FOR WHICH YOU ARE
SEEKING TREATMENT

HAVE YOU SEEN A HOMEOPATH BEFORE -if so, when and who

DETAILS OF ALL PRESENT MEDICATION (including homeopathic remedies)

DETAILS OF ALL PAST MEDICATION

OTHER SPECIALISTS YOU SEE (including complementary)

Please list with dates any

DIAGNOSED CONDITIONS

OPERATIONS

ACCIDENTS

IMMUNISATIONS

CHILDHOOD ILLNESSES

FAMILY MEDICAL HISTORY (List illnesses, cause of and age at death of any relative - parents, grandparents, aunts, uncles, siblings. Include details of any illnesses that run in the family such as asthma, hay fever, allergies, diabetes etc.))

Apart from your main complaint, please indicate whether you have had problems with any of the followingR= recently P = past

Memory()	boils()
Concentration ()	warts()
Dizziness,vertigo()	cramps()
Fainting()	numbness/tingling()
Anxiety()	pins and needles()
Depression()	glands()
Post natal depression()	sinuses()
Speech()	itching()
Headaches()	nails()
Ears/hearing()	hernias()
Eyes/vision()	twitches/trembling()
Nose/smell()	ulcers()
Mouth/taste()	menstrual/periods()
Face()	menopausal()
Teeth()	pregnancy()
Throat()	sweats()
Breathing()	water retention()
Coughs()	alcohol dependency()
Colds()	drug dependency()
Heart()	venereal diseases()
Digestion()	allergies()
Bowels()	sleep()
Bladder()	energy()
Genitals()	weight()
Joints()	
Varicose veins()	
Skin conditions()	

PLEASE RATE FROM 0-10 (0=worst level possible 10= best/perfect) THE FOLLOWING.....

SLEEPING
ENERGY
MOOD

Thank you for taking the time to fill this in.

The homeopathy contract

I have read the practice information leaflet and “homeopathy simply explained”, and hereby agree to have homeopathy treatment as described in these.

I recognize that;

- Initial consultation will last approximately 90 minutes and follow ups between 30 and 60 minutes.
- The consultations will take place at the address on the appointment card at a pre-appointed time.
- The cost of the sessions has been made clear. This will be paid promptly at the end of each session. Any increase in fees will be made known to me within 4 weeks of any change.
- Cancellations require 24 hours notice otherwise full payment will be required for the missed session.
- I can speak with my homeopath in between sessions as directed on the “information for patients” booklet given to me with my prescription.
- I am likely to receive my remedy by post within 14 working days, and often much sooner if in stock.
- All aspects of confidentiality will be discussed with me, and no personal information will be passed on without my written consent.

Signed:

Date: