GETTING OVER IT *Naturally*

# Initial Consultation Form

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Homeopathy is an individualized process of prescribing a remedy. The remedy prescribed is suited to you and only you. In order to help find the best suited remedy I need you to complete this form. Please fill it out as accurately and in depth as you can. This will help me in completing an accurate picture and thus make our time together effective. Once completed, please bring this form with you to our first consultation.

If there are any questions or concerns please feel free to contact me. Please also be aware that all information discussed is kept in strictest of confidence according to the laws of the Homeopath – patient confidentiality. Although there is a strict code of confidentiality, I am obligated by law to report any suspicion of child abuse.

Thank you for your time and I look forward to meeting you.

Name ______________________________________________________________

Address ____________________________________________________________

Postal Code _____________________________ Email ______________________________

Home phone ___________________________ Business phone ______________________________

Date of birth ______________________________ Height ________ Weight ________

Family Doctor's name and phone number_______________________________________________

Referred by_________________________________________________________________

Medical complaints: please list your major complaints in order of importance to you, how long have you had these complaints, and list the cause of the complaint if you know it.

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Currently what medications are you on?

What complementary (massage therapy, nutritionist, etc.) treatments are you currently following?

**Medical Conditions:** *please circle all conditions that you have had in the past or that you currently have:*

| Abscesses | Acne | Anaemia | Allergies | Anxiety | Arthritis |
|---|---|---|---|---|---|
| Asthma | Alcoholism | Cancer | Chicken Pox | Chronic Fatigue Syndrome | |
| Cirrhosis | Cold Sores | Colitis | Crohn's Disease | Chlamydia | Depression |
| Drug Abuse | Diabetes | Eczema | Elevated Cholesterol | | Emphysema |
| Endometriosis | Epilepsy | Fibromyalgia | Frequent Colds | Gallstones | Goitre |
| Gonorrhea | Gout | Heart Disease | Herpes (gentalia) | Hepatitis | HIV/AIDS |
| Hyperthyroidism | Hypothyroidism | Influenza | Intestinal Worms | Kidney Disease | Leukemia |
| Lyme Disease | Malaria | Measles | Migraines | Mononucleosis | Miscarriage |
| Multiple Sclerosis | Mumps | Parasites | Pelvic Inflammatory Disease | | Pleurisy |
| PMS | Postmenopausal Symptoms | | Polycystic Ovary Syndrome | | Infertility |
| Peritonitis | Pneumonia | Prostatitis | Psoriasis | Polyps | Rheumatic Fever |
| Rubella | Scarlet Fever | Sinusitis | Skin Diseases | Syphilis | Strep Throat |
| Stroke | Sunstroke | Urinary Tract Infection | | Tonsillitis | Tuberculosis |
| Typhoid Fever | Whooping Cough | Yellow Fever | High Blood Pressure | | Low Blood Pressure |

Other:

**Surgeries and Major Injuries:** *please list any surgeries you have undergone or any major injuries you have suffered*

**Family History:** *please circle all that apply*

| | | | | | |
|---|---|---|---|---|---|
| Alcoholism | Allergies | Asthma | Alzheimer's Disease | Anxiety | Cancer |
| Depression | Dementia | Diabetes | Epilepsy | Gonorrhea | Gout |
| Hay Fever | Heart Disease | Mental Illness (specify) | | Migraines | Paralysis |
| Pneumonia | Skin Disease | Syphilis | Tuberculosis | | |

Other: ______________________________________________________________

**Vaccination History:** *please list any adverse effects from any vaccinations that you have had*

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**Are there any preceding conditions from which you have never been well since?**

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**List what you like to do (exercise, read, etc.):**

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*Thank you for taking the time to complete this form. All information will remain strictly confidential.*

______________________________________________________________

Patient's Signature: ______________________________ Date: ______________
(If under 18 years of age, a parent or guardian must sign on your behalf)