Please complete the following questions about your health and medical history. Please leave unanswered any question you are unsure of, or that you would rather discuss in person.

Patient's name:

Date of birth:

Address:

Post code:

Tel home:
Tel mobile:

Email address:

GP's name, address and telephone number:

Marital status:

Occupation:

No. of children & ages:

What you would most like help with:

Any current medication (name, strength & dosage):

Do you use, or have you ever used, any recreational drugs?

When was the last course of antibiotics you took, and what was it for?

Are you taking any supplements or natural/alternative remedies at the moment?

Do you smoke cigarettes?

If yes, how many a day?

Have you smoked cigarettes in the past?

Approximately how many units of alcohol do you have during an average week?

Do you have any mercury amalgam fillings (silver)?

If yes, how many?

Do you have a pace maker, stent, metal plates, surgical mesh or similar in your body?

Do you have any allergies, intolerance's or sensitivities to any substances?

**Own Medical History:**

Did your mother take the contraceptive/morning after pill before you were conceived?

Were you conceived naturally or was any fertility treatment needed?

Was your mother in good health and happy/relaxed when she was pregnant with you?

Was your birth normal?

If not, please give details, e.g. induced, caesarean section etc:

Were you breastfed?

If yes, for how long?

If you have children did you have any trouble conceiving any of them?

If Yes, please detail below treatment and time scales:

Please give brief details of all illnesses, accidents, traumas and operations that you can remember having you have had at each of the following life stages. Please include the specific age at which any of the following occurred:

**Birth to age Age:**

Childhood illnesses and infections (measles, mumps, chickenpox, whooping cough);

Recurring illnesses (like tonsillitis, frequent flu, etc);

Serious accidents or injuries (e.g. car crash, loss of consciousness, blows to the head);

Surgical operations (e.g. tonsillectomy, hysterectomy, dental surgery, any general anaesthetics);

Chronic or long-standing complaints (e.g. eczema, ME, arthritis);

Emotional issues;

Anything else you think I might need to know about.

**7yrs:**

Illnesses/treatment:

**Age 8 to 15yrs:**
Age: Illnesses/treatment:

**Age 16 to 25yrs:**
Age: Illnesses/treatment:

**Age 26- present day:**
Age: Illnesses/treatment:

**Vaccinations** – please tick all those you have received and indicated your age at the time:

| Vaccination | Received? | Approximate age(s) |
|---|---|---|
| DPT (diphtheria, whooping cough, tetanus) | | |
| Polio | | |
| HIB | | |
| MMR (mumps, measles, rubella) | | |
| Rubella (on its own) | | |
| Meningitis C | | |
| BCG | | |
| Yellow fever | | |
| Rabies | | |
| Anti-flu | | |
| Tetanus (on its own) | | |
| Hepatitis A | | |
| Hepatitis B | | |
| Typhoid | | |
| Cholera | | |
| Other: | | |

Have you had a covid 19 injection?

If yes, how many and which type?

Have you ever had an adverse reaction to a vaccination or immunisation, such as a fever, swelling, fits, a feeling of being unwell, or soreness at the injection site?

How much exercise do you do in an average week?

**Family Medical History:**

Please list all chronic/long term or serious health problems that you know of for the following members of your blood relatives such as: arthritis, cancer, asthma, eczema, heart disease, high blood pressure, diabetes, depression, mental health issues, lung disease, tuberculosis, hayfever Please include fatal illnesses, year of death and age at death, if known.

Father:

Father's mother:

Father's father:

Mother:

Mother's mother:

Mother's father:

Great grandfathers:

Great grandmothers:

Aunts and Uncles:

Brothers and sisters:

Children:

Have you ever received homoeopathic treatment before?

Which, if any, other alternative/complementary therapies have you used to date?

Any other information that you think would be useful for your Homoeopathic practitioner to know?