Simple Homeopathy
Cura Rooms, Marylebone
100 Seymour Place, London
W1H 1NE
info@simplehomeopathy.com
www.simplehomeopathy.com
+44 (0) 7982 905 396

PATIENT QUESTIONNAIRE

PLEASE TAKE THE TIME TO FILL IN THIS QUESTIONNAIRE CAREFULLY BEFORE YOUR FIRST APPOINTMENT

FULL NAME: …….. DATE OF BIRTH: ……..
ADDRESS:……
……

POSTCODE:…… MOBILE: ……

E-MAIL: ……

G.P.'S NAME: ……..

SURGERY ADDRESS: ……

PLEASE LIST ALL YOUR CURRENT MEDICATIONS, VITAMINS AND OTHER SUPPLEMENTS THAT YOU ARE TAKING:

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PLEASE LIST ANY LONG-TERM PRESCRIPTIONS YOU ARE TAKING, OR HAVE TAKEN, E.G. BIRTH CONTROL PILLS, BLOOD PRESSURE TABLETS, TRANQUILISERS:

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VACCINATIONS. PLEASE LIST ALL VACCINATIONS THAT YOU HAVE HAD AND ANY SEVERE REACTIONS:

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ALLERGIES AND INTOLERANCES. PLEASE LIST ALL ALLERGIES AND INTOLERANCES THAT YOU HAVE AND/ OR HAD:

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YOUR MEDICAL HISTORY

PLEASE LIST, IN ORDER, IF POSSIBLE, YOUR MAJOR DISEASES, ILLNESSES, ACCIDENTS, HOSPITALISATIONS, MEDICAL TESTS:

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PLEASE LIST YOUR CHILDHOOD ILLNESSES, E.G. CHICKENPOX, IN ORDER, IF POSSIBLE AND WITH YOUR AGE AT THE TIME:

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PLEASE LIST, IN ORDER, IF POSSIBLE, ANY LIFE TRAUMAS THAT YOU HAVE EXPERIENCED, E.G BEREAVEMENTS:

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CONSENT TO HOMEOPATHIC TREATMENT

I CONFIRM THAT I REQUEST HOMEOPATHIC TREATMENT FROM THIS HOMEOPATHY CLINIC.

SIGHED: **DATE:**