

Herne Bay Homeopath & Reflexologist

PATIENT QUESTIONNAIRE

Please complete form as fully as possible and bring along to your first appointment.

Name.....

Address.....

Postcode.....

Home number..... Mobile.....

Email address.....

Occupation.....

Date of birth..... Height.....

Place of birth..... Weight.....

Religion.....

Doctors name.....

Doctors address.....

Last visit to Doctors.....

Reason for visit.....

Disclaimer

I provide the above information voluntarily and I agree to this record being kept of my treatment on the understanding that it:

1. Will be held in strict confidence;
2. Will be used to assist only in connection with any treatment;
3. Is a complete and accurate record of my past and current state of health;
4. I confirm I have been given an explanation of homeopathy;
5. I agree not to stop any medication or treatment prescribed by my doctor without his/her knowledge;
6. I accept total responsibility for my own health care and maintenance.

Signed.....

Print Name..... Date.....

Herne Bay Homeopath & Reflexologist

List any prescription drugs, herbal medicines, vitamins or homeopathic remedies you are currently taking.....
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Medical History including vaccinations and allergies if applicable:

Age	Complaint

Family History:

Maternal:	Age	History
Mother		
Grandmother		
Grandfather		
Uncles		
Aunties		
Siblings		
Children		

Paternal:	Age	History
Mother		
Grandmother		
Grandfather		
Uncles		
Aunties		
Siblings		
Children		