



Homeopathy
PATIENT QUESTIONNAIRE

Name: _____

Address: _____ Postal Code _____

Telephone: _____

E-mail: _____

Date of Birth: _____

Current age: _____

Occupation: _____

Relationship status: _____

Family doctor: _____

Names of any current
medication: _____

What symptoms would you like help with?

Health history - please list all known illnesses since birth with approximate dates and any medication used:

Family Health History - please list any major diseases in your family:

Mother: _____

Father: _____

Mother's mother: _____

Mother's father: _____

Father's mother: _____

Father's father: _____

Brothers/sisters: _____

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