

PATIENT DETAILS

HOMEOPATHY TO HEALTH

Mina Weight RS Hom

(+852) 6908 3234

DATE

Full Name:

Address:

Tel:

Mobile:

e-mail:

Date of Birth:

Marital Status:Any Children?:

Age:

Occupation?:

Special Interests?

Doctor's Name & Address:

Ref

How did you hear about me?

Referred By?

Current Medication?:

Health Supplements?:

Do you smoke?

How many ?

MEDICAL HISTORY

Operations? If Yes, when and what for?

Serious Accidents? If yes, when and any ongoing symptoms?

Immunisations?

Any adverse reactions?

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Family History

Please tick any of the following conditions which you or your immediate family have suffered from:-

SELF / RELATIVE?

ADDICTIONS

ALLERGIES

ARTHRITIS

ASTHMA

CANCER

DEPRESSION

DIABETES

EATING DISORDERS

ECZEMA

EPILEPSY

GLANDULAR FEVER

HAEMORRHOIDS

HAYFEVER

HEART DISEASE

HEPATITIS

HIV POSITIVE

INFERTILITY

ME

MENSTRUAL PROBLEMS

MENOPAUSAL PROBLEMS

PARKINSONS

PNEUMONIA

PSORIASIS

RHEUMATOID or OSTEO ARTHRITIS

SEXUALLY TRANSMITTED

STROKE

THYROIDISM

TUBERCULOSIS

VARICOSE VEINS

VERRUCAS/WARTS

ANYTHING ELSE NOT MENTIONED?

ANY CURRENT SYMPTOMS WHICH YOU NEED
HELP WITH?

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Personal Habits¹

BODY TEMPERATURE

What climate do you prefer to be in?

Do you get cold easily?

If so, where do you feel the cold most?

Do you get overheated easily?

If so, where do you feel the heat most?

Do you sweat much?

FOOD

Do you enjoy your food?

What types of food do you most like?

What types of food do you dislike?

Which of these tastes do you like:

SPICY/SALTY/SWEET/ SOUR other?

Any cravings?

Have you ever had an allergic reaction to anything you have eaten?

THIRST

What do you drink during the day and how often?

SLEEP

Normally how many hours a night ?

Do you feel refreshed on waking?

Do you feel tired during the day?

Do you need to catnap?

ENERGY

How would you rate your current energy levels?

Excellent Good Just OK Not Good Poor

EXERCISE

Do you exercise regularly?

What sport or exercise do you enjoy the most?

¹It is important to know your personal preferences to the questions listed in order to prescribe the correct homeopathic medicine.¹
