EXPERIENCE HEALING HOMEOPATHY
body mind heart spirit
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TODAY'S DATE _____

NAME _____ BIRTHDATE _____ AGE _____ SEX M F MARITAL STATUS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

e-mail_____

OCCUPATION _____IF RETIRED, PREVIOUS OCCUPATION_____

CHILDREN_____ AGE(S)_____ GENDER(S) _____

HOW DID YOU HEAR ABOUT THIS HOMEOPATH?_____

PLEASE LIST YOUR HEALTH CONCERNS:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

HEALTH HISTORY

Please CHECK ANY OF THE FOLLOWING THAT APPLY and NOTE WHAT YEAR THEY STARTED

____	AIDS/HIV Infection ____	____	Frequent Antibiotic Use ____	____	Migraine Headaches ____
____	Allergies ____	____	Frequent Steroid Use ____	____	Mononucleosis ____
____	Anemia ____	____	Gallbladder Disease ____	____	Mumps ____
____	Appendicitis ____	____	German measles ____	____	Nervous Breakdown ____
____	Arthritis ____	____	Giardia/Parasites ____	____	Neurological Disorder____
____	Asthma ____	____	Glaucoma ____	____	Occupational Exposure to Toxins___
____	Attempted Suicide ____	____	Gout ____	____	Prostatitis ____
____	Bursitis ____	____	Hayfever ____	____	Psoriasis ____
____	Cancer ____	____	Heart Disease ____	____	Rheumatic Fever ____
____	Cataracts ____	____	Hepatitis ____	____	Scarlet Fever/Scarlatina____
____	Chickenpox ____	____	Herpes ____	____	Seizure Disorder ____
____	Chronic Fatigue Syndrome____	____	High Blood Pressure ____	____	Sexually Transmitted Diseases____ (chlamydia, warts, herpes, gonorrhea, syphilis)
____	Chronic Ear Infections____	____	Hives ____		
____	Colitis / Crohn's Disease____	____	Hypoglycemia ____	____	Sleep apnea ____
____	Depression ____	____	Jaundice ____	____	Stroke ____
____	Diabetes ____	____	Kidney Infections ____	____	Substance Abuse/Addiction____
____	Eating Disorder ____	____	Kidney Stones ____	____	Thyroid Disease ____
____	Eczema ____	____	Liver Disease ____	____	TIA's (mini-strokes) ____
____	Edema (Fluid Retention) ____	____	Low Blood Pressure ____	____	Tuberculosis (TB) ____
____	Emphysema ____	____	Lyme Disease ____	____	Vaccine Reaction ____
____	Fibromyalgia ____	____	Measles ____	____	Whooping Cough ____

Other:_____