
QUESTIONNAIRE – Richard Pitt, HOMEOPATH

Please fill in this form with as much detail as possible and send back to me at least two days before the 1st appointment at richardwbp@protonmail.com
All information is *private and confidential*.

DATE:

YOUR NAME:

ADDRESS:

POST CODE:

DATE OF BIRTH:

TELEPHONE (HOME):

TELEPHONE (WORK):

TELEPHONE (MOBILE)

EMAIL:

OCCUPATION:

MARRIED/SINGLE/DIVORCED

CHILDREN:

How did you hear about me?

DESCRIBE BRIEFLY YOUR MAIN REASON(S) FOR WANTING TO SEE A HOMEOPATH:

LIST ANY MEDICATION THAT YOU ARE CURRENTLY TAKING (INCLUDING NATURAL SUPPLEMENTS, THE PILL ETC)

GIVE DETAILS OF ANYTHING THAT YOU ARE ALLERGIC TO - FOODS, DRUGS, ANIMALS ETC.:

FAMILY HEALTH HISTORY.

Please give details of the health history of your relatives. For example:

Diabetes, heart disease, cancer, tuberculosis, thyroid, mental disease, suicide, alcoholism, etc.

INCLUDE FATHER, MOTHER, GRANDPARENTS, BROTHERS, SISTERS, UNCLES AND AUNTS:

PERSONAL HEALTH HISTORY

Please fill in this section **giving as much information as possible** including dates. Remember to mention your approximate age at the time of any health problems.

INFECTIOUS CHILDHOOD DISEASES: (*Measles, mumps, chicken pox, whooping cough, glandular fever etc. / State if mild or severe*):

ANY ADVERSE REACTIONS TO ANY IMMUNISATIONS/VACCINATIONS:

INJURIES AND ACCIDENTS:

OPERATIONS AND SURGICAL PROCEDURES:

SKIN: (*Warts, verrucae, herpes (cold sores), abscesses, boils, moles, eczema, impetigo etc.*)

WEATHER & ENVIRONMENT REACTION: (*What weather suits you best? Do you feel the cold/heat/wind/drafts/damp/humidity? Do you prefer warm rooms or desire fresh air etc.?*)

APPETITE & THIRST: (*What foods/drinks/flavours/condiments etc. do you either **crave** or have a **strong dislike** of? Does any food or drink cause an adverse reaction? How thirsty are you?*)

FEARS OR PHOBIAS: (*For example - heights, closed spaces, dark, germs, ghosts, animals, insects, snakes, spiders, storms, examinations, disease, poverty, failure etc.*)

DREAMS : (Any dreams that stay in your memory. Any recurring dreams. Include childhood dreams. Please try to recall at least one dream that you have had in your life.)

GENERAL INFORMATION:

What have been the most challenging times in your life e.g., losses, shocks, grief, romance, job stress, family, etc.

How would you describe your character? (If you were describing yourself to someone else, what would you say)

What are your interests and hobbies?

Do you like your job? If not, what would you like to be doing?

Are there any other things I should know about you or your life experience?
