



# Homeopathy & Holistic Health

This form is to help you think about your medical history and prepare you for the consultation with us here at the HHH. It will give you the opportunity to find out certain details in advance by checking with your doctor or your family. It is by no means compulsory but we do recommend it.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Medical History (Please remember to give an idea of your age at the time. We don't need a lot of detail. We will go through this with you when we see you) \_\_\_\_\_  
\_\_\_\_\_

Difficulties at Birth \_\_\_\_\_

Childhood Illness \_\_\_\_\_

Vaccines \_\_\_\_\_

Accidents \_\_\_\_\_

Operations \_\_\_\_\_

Reoccurring illness \_\_\_\_\_

Family Medical history (Here we just need a quick summary of your parent's/grandparent's major illnesses if alive. If deceased, what they died of and at what age) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other relevant information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

