Please answer the following questions in as much detail as possible, this will help me to form a clear picture of you. All your answers are completely confidential, if you have any questions about this form, please call me on **07841 590930** or e-mail me at **katysizeland@gmail.com**.

**Instructions:**

* Under each of the questions is an area where you can type your answer and write as much as you like, the form will simply expand to provide as much space as needed.
* Please send either as an e-mail attachment or print out and post to my address (details at the end of the questionnaire).

**Personal details**

Name:

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Date of birth:

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Address:

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Home & mobile phone numbers:

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| --- |
|  |

E-mail address:

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|  |

GP name and address:

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|  |

Occupation?

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Are you in a relationship?

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| --- |
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Do you have any children & if so what ages?

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**Reasons for seeking homeopathy**

Please describe your condition in as much detail as possible:

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When did it start?

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Any factors you know of that may have contributed to the onset of the condition?

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Are you aware of anything that makes it better?

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Are you aware of anything that makes it worse?

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Is there any time during the day that it is worse?

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Do you have any other symptoms, even un- related?

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**Medical history**

Birth weight (if known)?

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Please outline your medical history; including operations, accidents, serious illnesses and pregnancies:

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Any childhood ailments?

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Do you have any other symptoms, even if un- related?

(Please consider headaches, asthma, skin conditions and digestive complaints):

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Which vaccinations have you had? Did you have any reaction to the vaccines?

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Do you have any allergies?

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Do you suffer with cold sores, warts and/or mouth ulcers?

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Are you currently taking any medication or supplements? If so please give details:

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Is there any family history of cancer, heart disease, diabetes, asthma or other serious illnesses? (Please consider parents, grandparents and siblings):

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| --- |
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Have there been any major traumatic events in your life, this may be loss, injury, big change, witnessing trauma?

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**Food and drink**

What are your life-long favourite foods?

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Do you prefer meat to fish?

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What is your favourite meat?

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| --- |
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What foods or flavours do you dislike?

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| --- |
|  |

Do you tend to add salt to your meals?

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|  |

Do you add vinegar/like vinegary foods?

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Do you like spicy foods?

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Do you have a very sweet tooth - is pudding more of interest to you than the main dish?

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Are you a thirsty person?

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What do you drink during the day (tea, coffee, juice, water etc.)?

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How much do you drink?

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Do you drink alcohol and how often?

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Do you smoke?

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What is your body temperature like - are you a hot or cold person?

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Do you perspire much? If yes where from?

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What is your best time of the day energy wise?

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| --- |
|  |

What is your worst time of the day energy wise?

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**Sleep pattern**

What is your sleep pattern?

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Do you suffer from any sleep disturbances?

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Do you suffer from nightmares/night terrors? If so what of?

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Do you snore, talk, walk or grind your teeth?

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Do you wake up feeling refreshed?

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How do you lie in your sleep?

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| --- |
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**Questions about your temperament/character**

Do you have any fears or phobias (such as the dark, heights, insects, being alone, flying etc.)?

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|  |

Are you a tidy/organised person?

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| --- |
|  |

What irritates you?

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| --- |
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Do you enjoy your own company?

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| --- |
|  |

Are you somebody who shares their worries or do you prefer to keep them to yourself?

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Do you suffer from mood swings or get depressed?

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What makes you cry?

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What are your ambitions?

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What are your hobbies?

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Please tell me if there is anything else you think I need to know about you?

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**CONSENT TO HOMEOPATHIC TREATMENT**

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| --- |
| **I confirm that I request Homeopathic treatment. I confirm that I understand use and storage of data to record treatment and consulting sessions. I give my permission to collect, handle and store my personal details for treatment and appointment purposes in accordance with the GDPR guidelines.**  **Signed: Date:** |

**Thank you very much for completing this form.**

**Please return via e-mail to, katysizeland@gmail.com**

**or by post to, 43 Davids Lane, St Ives, Ringwood, Hampshire, BH24 2AW**