

**CONFIDENTIAL QUESTIONNAIRE**

Name:	Birth Date:	Marital Status:
Address:		Referred by:
Phone number:	Email:	
Presenting Problem. What are your major symptoms?		
Are you in any treatment or therapy at the moment? If so what type(s) and for how long?		

<b><u>Medical History:</u></b>	<b><u>Major Symptoms:</u></b>	<b><u>Family History relevant to the issue:</u></b>
Any Allergies?	Fatigue or lethargy	
Under Medication?	Poor memory	Father:
Do you smoke?	Difficulty in concentration	
T.B. Lung disorders	Numbness, burning or tingling	Mother:
Pregnancy	Muscle aches or weakness	
Depression	Constipation or Diarrhoea	
Operations	Premenstrual tension/mood swings	Grand Dad:
High/low B.P.	Erratic vision/spots	
Injuries	Headaches	Grand Mum:
Arthritis/Rheumatism	Itching - where?	
Asthma/Eczema	Heartburn/indigestion/nausea	
Schizophrenia	Belching and/or intestinal gas	Other:
Cancer	Recurrent infections	
Diabetes	Fluid in the ear/earache	

Any stress when you first noticed this problem?	Any pain or tightness in chest or tension in the body?
Do you enjoy your job? Is it stressful?	What exercise do you do and how often?
Is your home life stressful?	Are you seeing any other specialist about this problem?

What is your diet like?
Are you taking any medication for this or any other issue?
Additional comments and thoughts?
What is the best result to come from this homeobotanical consultation?

In compliance with the various Statutes and Regulations, no specific claims are made for the application or use of Homeobotanical preparations. Homeobotanical remedies are dietary supplements designed for use as part of a holistic healthcare treatment programme. Please sign below to accept full responsibility for your own health and wellbeing.

Please Sign:	Date:
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