aroga school of homeopathy

Patient Information Form

Before your first homeopathic consultation, it is helpful to obtain some preliminary information, which provides a framework for the consultation.

The more thorough and complete this form is, the easier it will be for me to find a remedy that will help you. It is worthwhile spending some time trying to remember details, asking your family members, and so on. The information you provide will be treated in the strictest confidence.

Please continue on a separate sheet if you need to.

Personal details

Title:	Full name:	
Address:		
Name and address of GP:		
Occupation (now and previously):		
Children, if any (with ages and genders):		
Telephone number:	Mobile number:	Date of birth:
Email:		

Medical details

Please give full details about the complaint(s) for which you are seeking treatment:
Details of any medication you are currently taking:

16 The Pines, Sheffield, S10 4LZ
Web: www.aroga.co.uk **Tel/Fax:** (0114) 2306984 **Mobile:** 07906286251 **Email:** info@aroga.co.uk

Medical history

Details of past treatments:
Details of any operations (with dates):
Details of any accidents (with dates):
Immunisations, with dates(including any adverse reactions):
Childhood illnesses (with approximate age):

Family medical history

List illnesses, cause of and age at death of any relative, including parents, brothers and sisters, children, uncles and aunts, cousins, and grandparents. Include details of any illnesses that run in the family such as asthma, hayfever, allergies and diabetes.

Other problems

Apart from your main complaint, please indicate whether you have had any problems with the following, either now, or in the past (tick box next to complaint):

Memory		Eyes, visions		Please give details of any complaints that you have ticked:
Concentration		Speech		
Depression		Nose, smell		
Dizziness, vertigo		Ears, hearing		
Fainting		Mouth, taste		
Alcohol dependency		Teeth		
Drug dependency		Face		
Heart		Nails		
Respiration		Headaches		
Digestion/bowels		Varicose veins		
Joints		Skin conditions		
Bladder		Allergies		
Genitals		Venereal diseases		
Glands		Itching		
Throat		Numbness/tingling		
Coughs		Twitches/trembling		
Ulcers		Menstrual, periods		
Warts/boils		Menopause		
Hernias		Pregnancy		
Cramps		Water retention		
Pins and needles		Sweats		

Please bring this form with you to the first consultation.