

# Homeopathy North Cornwall

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**Private and confidential client questionnaire.**

**Date:**

<b>Personal Information</b>	
Title:	
Last name:	
First Name:	
Date of birth:	
Home Tel:	Mobile:
E-mail:	
Address:	
Post Code:	

## **Present Treatment**

List any current medication (include vitamins, supplements etc.)

<b>When started</b>	<b>Drug name</b>	<b>Dosage and frequency</b>

## Family Medical History

List any significant diseases of blood relations and cause and age of death, where applicable.

<b>Mother</b>	<b>Father</b>
<b>Grandmother</b>	<b>Grandmother</b>
<b>Grandfather</b>	<b>Grandfather</b>
<b>Brothers</b>	<b>Sisters</b>

## Medical History

List any significant illnesses or medical treatment to date.

<b>Age/Date</b>	<b>Condition</b>	<b>Treatment</b>

## Emotional issues

Give details of significant events e.g. divorce, death or loss of loved ones, loss of job - events which had an impact on emotional well being

Age / date	Brief details of event	Any treatment undertaken

Thank you for completing the questionnaire.

Please either e- mail it back to me or bring it along to your first appointment.

Chris