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Remedies as Unique as 

Patient Intake Form

Name:	Age:	Gender:
Marital Status:	Age of Spouse:	No of Children:

What are your main concerns, in order of priority – since when?

Can you trace the origin of your top 3 concerns to any life event, accident, trauma, weather, travel etc.

List of any medication being taken, purpose, since when?

Which of the following are you consuming in last 12 months – indicate usage

Alcohol:	**Sleeping Pills:**
Pain Killers:	**Laxatives:**
Cigarettes:	**Tea / Coffee:**
Recreational Drugs:	**Any other addiction?**

Which of the following have you ever suffered from:

Abortion;
Diabetes;
Hypertension;
Measles ;
Rheumatic Fever;
Venereal Warts;
Alcoholism;
Eczema;
Hepatitis;
Mental problems
Sexual Abuse;
Warts;
Allergies;
Epilepsy;
Herpes;
Miscarriage;
Skin Disease;

Whooping Cough;
Anaemia;
Emphysema;
Influenza;
Mononucleosis;
Strep Throat;
Worms;
Appendicitis;
Gall Stones;
Jaundice;
Mumps;
Sinusitis;
Yellow Fever;
Asthma;
Goitre;
Kidney Disease
Nosebleeds;

Stroke;
Cancer;
Gonorrhoea;
Pneumonia;
Parasites;
Syphilis;
Chicken Pox;
Gout;
Leukaemia;
Tonsillitis;
Thyroid problems;
Cold Sores ;
Hay Fever;
Liver Disease;
Prostatitis;
Tuberculosis;
Depression;

Heart Trouble;
Malaria;
Typohid;
Psoriasis;
Urticaria;

 

For female patients only:

Total no of pregnancies	No of successful deliveries	No of aborted deliveries

Age at first menses:

Menses Experience at onset : Cramps, PMS, Pain, nausea etc.

Menses Experience in last 12 months: Cramps, PMS, Pain, nausea etc.

Please list any major surgeries you have had in the past.

Have you had any injuries?

What vaccinations have you had? Did you or do you have any adverse reactions?

Have you lost any weight recently? How much?

Please check any of the following ailments which may be present in your family history:
Alzheimer's / Alcoholism / Cancer / Diabetes / Depression / Gonorrhoea / Hypertension / Heart Disease / Hepatitis / Mental problems / Skin Disease / Syphilis / Tuberculosis / Any Other:_____

Please list family history of blood relations:

Relation	Age	Disease, if any	If deceased, cause of death
Mother			
Father			
Brother			
Sister			
Paternal Grandfather			
Paternal Grandmother			
Maternal Grandfather			
Maternal Grandmother			