

HEALTH QUESTIONNAIRE FOR HOMOEOPATHIC CLINIC - HOUNSLOW

CONDITIONS & SYMPTOMS

Please provide below details of all conditions and symptoms you wish to bring to our attention. List them in the order of importance to you. Mention how the ailment started, how long it has been there and whether the duration and intensity of the problem is increasing and decreasing. Also mention the area affected and direction of the spread of the problem. Mention the sensation experienced and any natural condition which makes the problem better or worse:

PAST HISTORY

Have you suffered from any major illness in the past or undergone surgery?
Please include details of any childhood illness with approximate ages, and any treatments you have had:

FAMILY HISTORY

Please give details of any major illness in immediate relatives:

LIKES & DISLIKES

Please give details of any strong likes and dislikes with respect to food and taste:

ADDICTIONS

Please give details of any addictions or habits e.g. Alcohol / Coffee / Tea / Tobacco smoking or chewing:

APPETITE

How is your appetite? (Please select one)

Normal Excessive Diminished

If 'Excessive' or 'Diminished' then please explain in more detail:

THIRST

How is your thirst? (Please select one)

Normal Excessive Diminished

If 'Excessive' or 'Diminished' then please explain in more detail:

DIET

What is your diet? (Please select one)

Meat Vegetarian Vegan

How much of the following drinks do you consume daily:

Water Juices Fizzy drinks Tea Cofee

URINE / STOOL

Do you have any urine or stool problems? (Please select one)

Yes No

If 'Yes', please explain including details of any problems with bowel movement, urination, stool odour and colour:

SLEEP

How is your sleep? (Please select one)

Normal Disturbed

Which position do you sleep in? (Please select one)

Back Abdomen Sides

Do you have any recurrent dreams e.g. accidents, frightful, unpleasant etc.? (Please select one)

Yes No

If 'Yes', please give details:

SWEATING

Do you sweat a lot? (Please select one)

Yes No

If 'Yes', please give details of which part of the body mainly and if your sweat has any odour.

Does your sweat stain your clothes? (Please select one)

Yes No

If 'Yes', what colour?:

PERSONAL MEASUREMENTS

Height:

Weight:

Blood pressure (if known):

Pulse rate (if known):

ABOUT YOUR WORK

Please give details about your work, including responsibilities, hazards, stability, strains etc.

PERSONALITY

Please write in detail about your nature and personality with respect to Stress, Anger, Anxiety, Fears, Emotions, Sensitivity etc.

IN THE PAST

Please give details of any past history of shock, depression, etc.

Please give details of any pathological findings:

Any other information: