

HOMEOPATHIC QUESTIONNAIRE (please complete and bring to the appointment with you)

NAME

DATE OF BIRTH

Email

Telephone

PLEASE DESCRIBE YOUR CHIEF COMPLAINT. Describe how it has begun how it has progressed. Please describe the nature of your symptoms especially the subjective symptoms you experience and also what makes your symptoms better or worse (time of day, positions, temperature, emotions etc)

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PLEASE GIVE SOME INFORMATION ABOUT YOUR INTERACTION WITH THE ENVIRONMENT

- Do you have any particular sensitivity to cold/ heat/ humidity ?
- What kind of weather affects you?
- Do you have any particular affinity with places (sea , etc)

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- **DO YOU HAVE ANY FOOD CRAVINGS OR INTOLERANCES.** Would you say
your appetite is normal? Are you particularly thirsty or thirstless ?

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HOW IS YOUR SLEEEP?

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**DO YOU HAVE ANY OTHER PHYSICAL COMPLAINTS APPART FROM THE
CHIEF COMPLAINT ?**

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**WHAT CONVENTIONAL OR HOMEOPATHIC/ ALTERNATIVE TREATMENTS
HAVE YOU HAD FOR YOUR CHIEF COMPLAINT?**

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PLEASE DESCRIBE YOURSELF AS A PERSON

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