



Heather Evans D.S. Hom Med
Homeopathic Physician

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Homeopathic Consultation - Intake Form

General Information

Name: _____

Address: _____

Phone: _____

Date of Birth (dd/mm/yy): _____

Present M.D. and Phone: _____

Medical/Professional Waiver

Please read the following carefully (*if under 18 years, a parent/guardian must sign)

I, the undersigned, understand that Heather Evans is a professionally trained Homeopathic Physician. In consulting with Heather Evans, I am exercising my right to choose an alternative method of treatment through which to address my total health. I also acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions. As homeopathy is not covered by the existing government medical insurance plan, I agree to pay fees presented in the current rate schedule (enclosed).

Patient signature: _____ Date: _____

Patient Information

Major Complaints in Order of importance to you:

| Complaint: | Since: | Cause: |
|------------|--------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Blood Type: _____

What medications are you currently taking?

| Medication | Since | Any adverse affects? |
|------------|-------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

What treatments or therapies are you also currently following?

| Therapy | Since | Results |
|---------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Circle each of the following conditions you have had:

Abscesses, AIDS/HIV, Alcoholism, Anemia, Arthritis, Asthma, Cancer, Chicken Pox, Cold sores, Colitis, Depression, Diabetes, Eczema, Emphysema, Epilepsy, Gallstones, Goitre, Gonorrhoea, Gout, Hayfever, Heart Disease, Hepatitis, Herpes genitalia, Influenza, Kidney Disease, Leukemia, Malaria, Measles, Miscarriage, Mononucleosis, Mumps, Parasites, Pleurisy, Pneumonia, Prostatitis, Rheumatic fever, Rubella, Scarlet Fever, Sexual Abuse, Skin Disease, Strep Throat, Sinusitis, Stroke, Syphilis, Tonsillitis, Tuberculosis, Typhoid Fever, Venereal Warts, Warts, Whooping Cough, Worms, Yellow Fever.

Other major conditions: _____

Are there any of the preceding conditions after which you have never been totally well again?

Sexually transmitted diseases:

Type: _____

Age: _____

Injuries

Type: _____

Age: _____

What operations have you had?

| Surgery | When | Complications |
|---------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you lost any weight lately? How many pounds? _____

What exercise do you do and how much?

How much of the following substances are you using?

Tobacco: _____ Alcohol: _____

Coffee: _____ 'Recreational' drugs: _____

Have you been treated with homeopathy before?

Homeopath _____ When? _____ For what conditions? _____

Can you trace the origin of any present condition to any particular circumstance (e.g. accident, illness, incident, mental upset, etc.)?

Any serious shock, grief, disappointment, fright, depression, etc.?

Vaccination History/Childhood Illness

Measles:
Age when vaccinated for: _____ age when/if ill with: _____
Mumps:
Age when vaccinated for: _____ age when/if ill with: _____
Rubella/German Measles:
Age when vaccinated for: _____ age when/if ill with: _____
Chicken Pox:
Age when vaccinated for: _____ age when/if ill with: _____
Whooping Cough:
Age when vaccinated for: _____ age when/if ill with: _____
Pneumonia:
Age when/if ill with: _____
Mononucleosis:
Age when/if ill with: _____

Any adverse reactions to vaccinations?

Health History of Relatives

Please list any major ailments:

Mother: _____

Father: _____

Sisters: _____

Children: _____

Maternal Grandmother: _____

Maternal Grandfather: _____

Maternal Aunts/Uncles: _____

Paternal Grandmother: _____

Paternal Grandfather: _____

Paternal Aunts/Uncles: _____

Is there anything else you feel is important to your case that you would like to mention?

Thank you for taking the time to complete this form. All information contained herein will remain strictly confidential.