GUIA VITA HOMEOPATHIC CLINIC

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ADULT HOMEOPATHIC INTAKE FORM

Date:	**Referred by:**	
Name:		
Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Work Phone:
Email: _____ Would you like to be added in my mailing list to receive special offers and events notices? Yes _____ No_____		
Marital Status:	Single_____ Married_____ Divorced_____ Widowed_____	
Date of Birth:	Age:	Sex: F___ M ___
Height:	Weight:	
Occupation:	Employer:	
Insurance Plan:		
Name and phone of Family Physician:		
Name and phone of previous Homeopath:		
Emergency contact person: Phone:	Relationship:	

What are your main concerns in order of priority? Since when?

_____

_____

_____

Are you currently taking any medications or supplements? For how long?

_____

_____

_____

_____

Please check which of the following substances are you currently using: How much?

Alcohol _____ **Painkillers**_____

Cigarettes_____ **Recreational drugs**_____

Coffee_____ **Sleeping Pills**_____

Laxatives_____ **Tea**_____

Please check which of the following you have experienced or are suffering from now:

□Abortion
□Alcoholism
□Allergies
□Anemia
□Appendicitis
□Asthma
□Cancer
□Chicken Pox
□Cold Sores
□Depression
□Diabetes
□Eczema
□Epilepsy
□Emphysema
□Gall Stones
□Hypertension
□Hepatitis
□Herpes
□Influenza
□Jaundice
□Kidney disease
□Pneumonia
□Leukemia
□Liver Disease
□Malaria
□Measles
□Mental problems
□Miscarriage
□Mononucleosis
□Mumps
□Rheumatic Fever
□ Sexual Abuse
□Skin Disease
□Strep Throat
□Sinusitis
□Stroke
□Syphilis
□Thyroid problems
□Tuberculosis
□Urticaria
□Venereal warts
□Warts
□Whooping cough
□Worms
□Yellow Fever

□**Goiter** □**Nosebleeds**
□**Gonorrhea** □**Parasites** **Other:**
□**Gout** □**Tonsillitis** _____
□**Hay Fever** □**Prostatitis** _____
□**Heart Trouble** □**Psoriasis** _____

Please list surgeries and/or injuries you had in the past.

_____

_____

_____

Have you had adverse reactions in any vaccinations?

_____

_____

Please check if you have any of the following ailments in your family history:

□**Alzheimer's** □**Depression** □**Hepatitis**
□**Alcoholism** □**Gonorrhea** □**Mental illness**
□**Cancer** □**Hypertension** □**Skin Disease**
□**Diabetes** □**Heart Disease** □**Tuberculosis**

Other: _____

Relationship	Age	If deceased, age at death	Cause of Death	Diseases
Father				
Paternal Grandfather				
Paternal Grandmother				
Mother				

Relationship	Age	If deceased, age at death	Cause of Death	Diseases
Maternal Grandfather				
Maternal Grandmother				
Sister(s)				
Brother(s)				
Aunt(s)				
Uncle(s)				
Children				