

Total Healing- Homeopathy

& Natural Nutrition

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Please read prior to filling in the Intake form

To have a successful prescription, your homeopathic remedy is selected mainly on the information you provide to the practitioner.

This includes information about yourself, your chief complaint, and your reactions to various factors, your past and family history, mental and emotional makeup and your personality.

To gain this information each question is significant to the homeopath in choosing the appropriate remedy to enhance your health.

All information documented will remain absolutely confidential.

Please complete this form and be sure to bring it with you to your 1st appointment

Full Name: _____

Name of Parents if client /patient is under age of 18 years:

Name of Father: _____

Name of Mother: _____

Date: _____

Date of Birth: _____

Home phone: _____ Cell Phone _____

Mailing

Address: _____

Email:

Emergency contact person:

Emergency contact phone:

Referral source:

Name of physician:

Are you or your child under the care of a physician for the chief complain you are coming in for?

Do we have permission to contact the Doctor if necessary?

Best # to reach you

Occupation:

Marital status

Chief complain (main problem)

When did this problem begin?

What happened in that period of time in your life?

What do you think may have caused it?

What aggravates the problem?

Climate

Motion

Temp –

heat/cold:

Or anything you may think of

What other symptoms do you experience with this problem?

Female:

Pregnancies:

Children: _____

Miscarriage/abortion: _____

Age when the menstrual cycle began. _____

Pregnant: perimenopause: Menopause:

At what age? _____

Menstrual cycle: _____

Frequency: _____

Duration: _____

Color: _____

Clots: _____

When is the menstrual flow greater?

Feelings before, during and after menses:

Pms symptoms

Health History

Bowel movements:

Colds and flu: frequency of colds and flu:

Childhood illness:

Vaccinations:

Surgery:

Other medical problems treated:

Family History

Parents

Mother: _____

Father: _____

Paternal grandfather: _____

Paternal grandmother: _____

Maternal grandfather: _____

Maternal grandmother: _____

List the name of present medications you are taking:

How long have you been taking these medications?

Are you presently on any homeopathic remedy, if so which one and what is the potency dose and how often do you take it?

Have you had any adverse reactions, aggravations to any remedies?

Are you allergic to any medications, food or climate?

Is there anything else you want Lucia to know about?

Location: Please give the exact location of the complaint as well as where the pain or sensation spreads and extends to.

Sensation; Type of sensation

What makes you feel better or worse?

Discharges: Discharges occur in all parts of the body.

Location: _____

Consistency: _____

Odor: _____

Quantity: _____

Location: _____

Additional Notes:

