

Confidential Pre-Consultation Questionnaire

FAMILY MEDICAL HISTORY

Please give details of your relatives' illnesses, conditions and operations where these are known. If the relative has died please give their age and cause of death.

Mother _____

Father _____

Maternal Grandmother _____

Maternal Grandfather _____

Paternal Grandmother _____

Paternal Grandfather _____

Sisters/Brothers _____

Aunts/Uncles (blood relatives) _____

CURRENT MEDICATION

Please list all prescribed and "over-the-counter" medication you are taking and give the dosage including any vitamins, herbs or supplements you take regularly or occasionally.

Confidential
Pre-Consultation Questionnaire

FOR WOMEN

Pregnancies: please indicate the number of

Pregnancies _____ Births _____ Premature births _____

Miscarriages _____ Terminations _____

Menstrual History

Age at first period _____ Age at menopause _____

No. days between periods _____ No. days duration of period _____

FOR CHILDREN

Please note here details of the child's birth e.g. caesarian, forceps/ventouse delivery, drugs used during labour etc.

Please note here anything else that you may not wish to tell me during the consultation in front of your child.

FOR EVERYONE

Consent to Homeopathic Treatment

I confirm that I request homeopathic treatment from Carol Boroughs and understand the need to seek appropriate medical diagnosis and treatment in the usual way.

Signed: _____ Date: _____