

Forenames.....Surname.....DOB.....

I take a holistic assessment so I need to know some things about yourself not directly related to your presenting problem. I would like you to think generally about your temperament, likes and dislikes and your sleep pattern including dreams. To help me I would be grateful if you could complete the following questionnaire ..

HEIGHT: WEIGHT:

Main problem.

Please briefly list the main reasons, symptoms or problems you are seeking help with.

Please list any other problems you have which may or may not be relevant.

Medications

Please list all prescribed medications you have taken either in the past or currently including, contraceptive pill, creams, lotions etc.

Please list all nutritional supplements taken

Have you had any Homeopathic treatment ?

If so can you remember when and what remedies were given?

Any other therapies at the present time?

Investigations

What investigations have you had connected with this complaint?

Lifestyle

Do you smoke? If yes, how much per day?

How much alcohol do you consume per day/week?

In the past has your consumption been higher, and if so by how much?

What are the main stresses in your life and how do they affect you

Please outline details of your domestic situation.

Did you have any particularly stressful or unhappy time in your childhood?

Medical History

What past illnesses or operations have you had (including childhood diseases)?

What immunisations have you had?

Are you aware of any problems with your bowels, kidneys, bladder, chest , skin, joints or headaches? If yes please give details below or overleaf.

Family Medical History

Is there a family history in your siblings, parents or grand-parents of any of the problems you have?
Please give details.

Have any members of your family suffered from Tuberculosis, Diabetes, Cancer, Heart disease or any other major illnesses?

Dietary questionnaire

Are you on any special diet? Please give details.

Are there any foods, drinks, or drugs which upset you? If so in what way.

Please estimate how much of the following you consume;

Coffee	cups/day
Tea	cups/day
Soft/carbonated drinks	glasses/day
Water	glasses/day

Are there any foods you have cravings for?

Are there any foods you have a great dislike for?

Do you like any of the following;

Milk	Yes/no	Fats	Yes/no
Cheese	Yes/no	Bread	Yes/no
Pasta	Yes/no	Eggs	Yes/no
Salt	Yes/no	Sour / Vinegar /	Yes/no

Any other comments below or overleaf.

Any Allergies? (Include Food reactions, intolerances, etc)

Personality and Stresses in life

This is a difficult area to describe, but to treat you holistically, I need to understand more about you as a person.

I would appreciate a description of you as best you can manage.

You can recruit the help of others, and this can be helpful. I do not want just the "bad points" or the good ones, but a healthy balance of both. Please include any fears you have, especially any irrational ones. Mood changes and points of stress in your life now and / or in the past.

Any spiritual inclinations?

Any other comments

THANK YOU