

Jak Measure Homeopathy
Registered Homeopath, Fully Insured
BSc (Hons) Homeopathy, LCHE, MARH, RHom
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Patient Questionnaire

Your details

Name	
Address	Date of Birth
	Postcode
Contact Details	Home number
	Work number
	Mobile number
	Email

Your General Practitioner (GP) details

Name of GP	
Address	
	Postcode
Tel. No.	

Your Specialist Practitioners details, if applicable

Name of Specialist Practitioner	
Specialism	
Hospital	
Name of Specialist Practitioner	
Specialism	
Hospital	

Your signature
Date

Please list all CURRENT medication, vitamins and other supplements that you are taking

Please list any long term prescriptions you are taking, or have taken; e.g. birth control pills, blood pressure tablets, tranquilisers, HRT etc.

Please give details of other Therapies that you are currently using

Vaccinations: Please list ALL vaccinations that you have had, and any severe reactions

Allergies and Intolerances: Please list ALL allergies and intolerances that you have and/or had

Your Family Medical History

Information about the health of your blood relatives, whether they are still alive or have died, is of value to a Homeopath. Please give details about any serious diseases, history of alcohol and/or drug addiction, epilepsy, Downs Syndrome, behavioural problems or other unusual conditions or problems. Please give causes of death and the age of your relative, if known.

Your Mother's side of the family	Your Father's side of the family
Your Mother	Your Father
Your Grandmother	Your Grandmother
Your Grandfather	Your Grandfather
Your Aunts	Your Aunts
Your Uncles	Your Uncles
Your Cousins	Your Cousins
Your Sisters	
Your Brothers	
Your Children	