

Katie Lee Homeopathy - Patient Questionnaire

Please answer the following questions in as much detail as possible to help me get a clear picture of you, all your answers are completely confidential, and if you have any questions about this form, please call me on **07979 801860**.

Instructions:

- Under each of the questions is an area where you can type your answer - you can write as much as you want, the form will simply expand to provide as much space as you need.
- Please save as a Microsoft Word document or similar, and send it as an attachment to the email address at the end.

Personal details

Name:

Address:

Home & mobile phone numbers:

Email address:

Date of Birth:

Presenting condition

Please describe your condition in as much detail as possible:

When did it start?

Is there anything you know of that may have contributed to the onset of the condition?

What makes it better that you are aware of?

What makes it worse that you are aware of?

Is there any time during the day that it is worse?

Do you have any other symptoms, even un- related?

Medical history

Please outline your medical history; including operations, accidents, serious illnesses & pregnancies:

Birth weight (if known)?

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Any childhood ailments?

Do you have any other symptoms, even un- related?

Which vaccinations have you had?

Did you have any reaction to the vaccines?

Do you have any allergies?

Do you suffer with Cold Sores, Warts and/or Mouth Ulcers?

Are you currently taking any medication? If so what?

Is there any family history of cancer, heart disease, diabetes or other serious illnesses?

Food and drink

What are your life-long favourite foods?

Do you prefer meat to fish?

What is your favourite meat?

Is there any food you dislike?

Do you tend to add salt to your meals?

Do you add vinegar/like vinegary foods?

Do you like spicy foods?

Do you have a very sweet tooth - is the pudding more of interest to you than the main dish?

Are you a thirsty person?

What do you drink during the day?

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How much do you drink?

Do you drink alcohol & how often?

Do you smoke?

What is your body temperature like - are you a hot or cold person?

Do you perspire much? If yes where from?

What is your best time of the day?

What is your worst time of the day?

Sleep

What is your sleep pattern?

Do you suffer from any sleep disturbances?

Do you suffer from nightmares/night terrors?

Do you wake up refreshed?

Have there been any major traumatic events or bereavements in your life?

Do you have any fears or phobias (such as: fear of the dark, heights, being alone etc.)?

Questions about your temperament/ character

Are you a tidy/organised person?

What irritates you?

What are your ambitions?

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What are your hobbies?

Do you enjoy your own company?

Are you somebody who shares their worries or do you prefer to keep them to yourself?

Do you suffer from mood swings?

What makes you cry?

Please tell me if there is anything else you think I need to know about your personality...

Thank you for taking the time to complete this form. Please save it and return it to:
katie@katieleemail.com, or if you would prefer, you can print it off and post it to:

Katie Lee Homeopathy
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