

CONFIDENTIAL MEDICAL HISTORY

Name _____ Date of Birth _____

Please Print

- 1. Have you been a patient in the hospital during the past two years? Please Describe.
- 2. Have you taken any medicine or drugs during the past two years? Please list them.
- 3. Check which of the following do you have now or have had in the past:

	YES		YES		YES
Heart Ailment	___	Emphysema	___	Pain in Jaw	___
High Blood Pressure	___	Chronic Cough	___	Eczema	___
Artificial Joint/apparatus	___	Tuberculosis (TB)	___	Liver Disease	___
Anemia	___	Asthma	___	Yellow Jaundice	___
Stroke	___	Hay Fever	___	Blood Transfusion	___
Kidney Trouble	___	Sinus Trouble	___	Epilepsy or Seizures	___
Ulcers	___	Allergies or Hives	___	Fainting/Dizziness	___
Arthritis	___	Diabetes	___	Nervousness	___
Rheumatism	___	Thyroid Disease	___	Excessive Bleeding	___
Cortisone Treatment	___	Cold Sores	___	Sex Trans Dis. STD	___
Hepatitis A, B or C	___				

4. Have you lost or gained more than 10 pounds in the past year?.....

5. WOMEN: Are you pregnant now?

Are you taking birth control pills? For how long?.....

Physician's Name _____

To the best of my knowledge, all of the preceding answers are true and correct. If I have any change in my health, or if my medications change, I will inform my homeopath.

Date _____

Signature of Client, Parent or Guardian _____