Homeopathy Centre

3910 Bathurst St., Suite 202, Tel. (416) 227-1485
Raisa Weisspapir , Homeopath

Name: _____ Age: _____ Date of Birth: D/M/Y_____

Address: _____ City: _____ Postal Code: _____

Home Tel: _____Work Tel: _____Email_____

Marital Status: S M D W Sep. Number of Children: _____ Referred by: _____

Occupation: _____ Employer: _____

Major complaints in order of importance for you:

Complaint	Since	Causes

Are you currently under the care of any other physicians?

Physician	For What Condition	Treatment

What medications are you currently taking?

Medication	Since	Adverse effects

Which of the following conditions have you had?

Abscesses	Depression	Heart Disease	Miscarriage	Rheumatic Fever	Syphilis

Addiction	Diabetes	Hepatitis	Mononucleosis	Rubella	Tonsillitis
Allergies	Emphysema	Herpes Genitalia	Mumps	Scarlet Fever	Tuberculosis
Amnesia	Epilepsy	Influenza	Parasites	Sexual Abuse	Typhoid Fever
Arthritis	Gall Stones	Kidney Disease	Pelvic Inflammatory	Skin Disease	Venereal Warts
Asthma	Goitre	Leukemia	Peritonitis	Strep. Throat	Warts
Cancer	Gonorrhoea	Lime Disease	Pleurisy	Sinusitis	Whooping Cough
Chicken Pox	Gout	Malaria	Pneumonia	Sunstroke	Worms
Cold Sores	Hay Fever	Measles	Prostatitis	Stroke	Yellow fever

Age of First Menses: _____ Number of Pregnancies: _____

What Surgeries have you had?

Operation	When	Complications

What major injuries have you had?

Injury	When	long term effects

What vaccinations have you had?

_____

Any adverse effects from them?

_____

Have you lost any weight lately? How many pounds?

_____

Do you exercise? If so, how often?

_____

How much of the following substances are you using?

Tobacco: _____ Alcohol: _____ Coffee: _____ Recreational Drugs: _____

Please indicate below, which of the following ailments, or any other major conditions have affected your relatives:

Alcoholism	Asthma	Diabetes	Gout	Insanity	Skin Disease
Allergies	Cancer	Epilepsy	Hay Fever	Paralysis	Syphilis
Arthritis	Depression	Gonorrhea	Heart Disease	Pneumonia	Tuberculosis

Relative	Age if Alive	Age at Death	Ailments
Mother			
Father			
Brothers:			
Sisters			
Children			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			