



Pierre Vuilleumier
Homeopath RSHom

Homeopathic treatment – preliminary questionnaire

Name: D.o.b.:

Address and contact number(s)

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1) Please describe briefly what you are seeking homeopathic treatment for. Include how it began and how it progressed. Please describe the nature of your symptoms, in particular the sensations you experience and any things which make the symptoms better or worse or other symptoms which occur at the same time.

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*2) Please give some general information about yourself;
a/ Does any weather affect you adversely? b/ Do you prefer a warm or cold environment?*

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3) *Are you currently undertaking treatment(s) with another Therapist or GP (please indicate type of treatment & frequency)?:*

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4) *Are you currently taking any medication, following a particular diet, etc.(please indicate what these are)?*

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5) *a/Do you have any cravings or aversions for any particular food or flavor? b/How is your appetite? c/Would you say your thirst is normal? d/Do any foods make you ill?*

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6) *a/How is your sleep and if your sleep is disturbed, is there a pattern to it?*

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7) *Do you have any other physical complaints apart from the main chief complaint? If so, please describe what they are.*

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8) *Is there anything else you would like to mention?*

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9) *Please mention briefly any illnesses that are running in the family (siblings, parents, grandparent; e.g. arthritis, circulatory problems, other. Has there been occurrences of Tuberculosis, Cancer, Diabetes, Heart Disease, Mental Health issues.):*

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10) *Please mention any recurring illnesses during childhood, teens and adulthood (e.g. recurring earache, eczema, etc):*

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11) *Did you have any childhood diseases (e.g. chicken pox, measles, etc.)?*

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12) *Have you been vaccinated (as a child or in adulthood) and did you have a reaction to this?*

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