



# Little Steps Practical Homeopathy

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## Chief Complaints and Health History Questionnaire

*Please complete this questionnaire before your session. This information helps guide our educational conversation.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. Chief Complaints

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*What is your chief complaint? Please briefly list the ailment(s).*

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### 2. Onset

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*When did you first have this/these complaint(s), even in a very mild form?*

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### 3. Diagnosis

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*What, if any, diagnosis was made? What diagnostic tests were performed?*

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### 4. Health Professionals Consulted

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*Did you consult a health professional? If so, what is their specialty?*

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### 5. Family Health History

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*Please list any known history of disease in your family (cancer, heart disease, diabetes, alcoholism, etc.). Relationship? If deceased, cause of death?*

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## 6. Treatments & Medical Events Timeline

*Please list any treatments and/or noteworthy medical events. Approximate dates are fine. List from present to past.*

*\*Please include dental history such as any extractions, root canals, or wisdom teeth removal.*