



Little Steps Practical Homeopathy

littlestepshomeopathy@gmail.com

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

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

2. Onset

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

3. Diagnosis

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

4. Health Professionals Consulted

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

5. Family Health History

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

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.*

Date (approx.)	Medications / Treatments / Noteworthy Medical Events