Homeopathic Intake Form

_ <i>Patient</i>				
Name:			Date:	
Empail.			Dhanai	
Address:				
_				
Allergies:				
Medications:				
Ailment(s)				
Reason for Visit:				
Symptoms:				
Starting:		Location on Body	:	
Prior Treatments:			·	
THO HEACHTONEST				
Modalities:				
Ameliorators:				
/ (((((((((((((((((((
Major Life Events:				
Major Life Events.				
Questionnaire				
Living Situation:	_ □Alone □	With Roommates	☐ Partner ☐ Children	□ Parents
Employment:	a Alone a	With Roominates	Duration:	
Satisfaction with F	Palationshins		Satisfaction with Job:	
Major Conflicts:	ciacionsnips.	-	Satisfaction with Job.	
Major Commets				
Anxieties:				
Allxieues.				
Prior Trauma:				
THO Hadina.				
How is your sleep?)			
How is your sleep				
How is your diet?				
How is your diet:				
Exercise routine?				
LACICISE TOURINE!				
Poactions to				
Reactions to				
change in temp.				
or seasons				