# Client Health History Consult date:

|  |  |
| --- | --- |
| **Name:** | **Date of Birth:** |
| **Address:** | **Phone:**  **Mobile:** |
| **Occupation:** | **Email:** |
| **Referred by:** | **Rate your energy:** /10  *(1 being bad, 10 is good)* |
| **If child – name of parents:** | |
| **Main reason for appointment:** | |
| **When did this condition first occur?** | |
| **Detail (or bring with you) any recent medical test results:** | |
| **List treatments you are currently using for this condition:** | |
| **List any other health conditions you currently have:** | |
| **List any medications currently on:** | |
| **Past History**  List any major illnesses (physical, mental and emotional), surgeries etc you have had in your life. Where possible, give an indication of your age at the time. | |
| **Family History of blood relatives**  As much as possible try and fill in the gaps detailing chronic illnesses e.g. skin, allergies, heart, respiratory, cancers, arthritis, neurological, diabetes, thyroid, heart/stroke, cancer, depression, muscular-skeletal, hormonal, digestive etc. Where a relative has died if possible an approximation of their age and what they died of. | |
| **Siblings:** | |
| **Mother**: | |
| **Mother’s mother:** | |
| **Mother’s father:** | |
| **Mother’s grandparents:** | |
| **Mother’s siblings**: | |
| **Father**: | |
| **Father’s mother**: | |
| **Father’s father**: | |
| **Father’s grandparents**: | |
| **Father’s siblings**: | |
| ­­­­­­­­­­­­**Other:** Any other relevant information that is not included in the above. | |

**INFORMED CONSENT FOR**

**HOMEOPATHIC CONSULTATION WITH**

*[enter in Homeopath name]*

**Please read and sign this form**

Homeopathic consultations result in the prescription of a homeopathic remedy. However your practitioner may also suggest other support products for you to take.

Your Homeopath uses the Intentional Grace (IG) system which incorporates a very fine form of muscle testingthat assists with the selection of the best remedy for you.

Please be aware if you require a diagnosis you should consult your GP as this is not part of the homeopathic consultation.

**Please read carefully and tick appropriate boxes**

|  |  |
| --- | --- |
| 1. I consent to consultation with  *[enter in Homeopath name]*  and understand that it may include the prescription of remedies. |  |
| 1. I understand that my practitioner works with the IG system. |  |
| 1. All information given during a consultation is confidential. If my Homeopath needs to consult with another therapist, i.e. Osteopath, Naturopath, Doctor or other I agree to this. |  |
| 1. I give my permission to allow my Homeopath to use my consutation notes for teaching purposes, magazine articles etc. Confidentiality is maintained at all times and no reference to names or places are made. |  |

Name:  Signature:

Name of child (if applicable):

Date:

Please feel free to discuss any questions you may have with your Homeopath.

**Next**

1. Email this form to your homeopath (you can get their email address here: intentionalgrace.co.nz/bookahomeopath)
2. Print this form and bring with your to your consult