PATIENT QUESTIONNAIRE

Cathy Tennant LCHE RSHom
Registered Homeopath

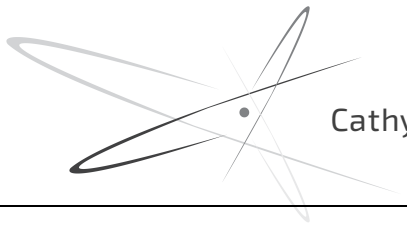
Name	
Address	Date of Birth
	Postcode
Email	Home
	Mobile

ALL INFORMATION GIVEN HERE IS KEPT STRICTLY CONFIDENTIAL

PRIMARY REASON FOR SEEKING TREATMENT (in detail):
When did it start?
Any factors that may have contributed to the onset of the condition?
What makes it better that you are aware of?
What makes it worse that you are aware of?
Is there a time in the day when it is worse?
Are there any activities that affect it?
Any other symptoms at all, even unrelated?

15 Curwen Road
Shepherd's Bush
London W12 9AF

t 020 8749 0391
m 07754 705775
e cathy@cathytennant.org



Cathy Tennant LCHE RSHom
Registered Homeopath

MEDICAL HISTORY
Think about any patterns of headaches, digestive problems, asthma, skin conditions etc.
Birth weight (if known)
Any **reactions** to vaccinations or any medical drugs?
Any known **allergies**?
Any **injuries**?
All other **medical conditions**
Any **cold sores**?
Any **warts**?
Any **mouth ulcers**?

Please list all current **medication**, **vitamins** and other **supplements** you are taking.

Please give details of **other therapies** you are currently using

15 Curwen Road
Shepherd's Bush
London W12 9AF

t 020 8749 0391
m 07754 705775
e cathy@cathytennant.org

Cathy Tennant LCHE RSHom
Registered Homeopath

Please list **ALL vaccinations** you have had, date and any severe reactions

Please list all **allergies** and **intolerances** you have / had

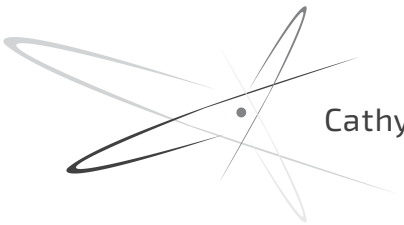
Please list, in order if possible, any **childhood illnesses**, **major disease**, **accidents**, **hospitalisation** etc.

Please list, in order if possible, any **life traumas** you have experienced, e.g. bereavements

FOOD/DRINK
What are your life long favourite foods?
Favourite meat?
Do you prefer meat to fish?
Any foods or flavours you dislike?

15 Curwen Road
Shepherd's Bush
London W12 9AF

t 020 8749 0391
m 07754 705775
e cathy@cathytennant.org



Cathy Tennant LCHE RSHom
Registered Homeopath

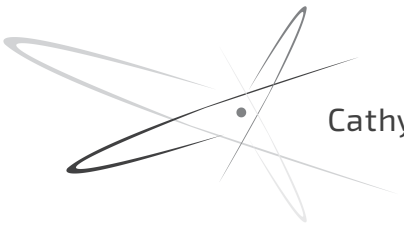
Any foods of flavours you like?: (e.g. salt, sweet, spice, vinegar)
Are you thirsty?
What do you drink? (e.g. tea, coffee, juice, water etc)

GENERAL	
Any alcohol?	
Any smoking?	
Are you more likely to get too hot or too cold?	
Do you perspire much?	
Where from?	
What is your best time of day?	
What is your worst time of day?	

SLEEP
Please describe your sleep pattern?
Do you have any problems with sleep?
Do you:
Snore?
Talk?
Walk?
Grind your teeth?
How do you lie in your sleep?

15 Curwen Road
Shepherd's Bush
London W12 9AF

t 020 8749 0391
m 07754 705775
e cathy@cathytennant.org



Cathy Tennant LCHE RSHom
Registered Homeopath

Your Family History: Information about the health of your blood relatives, whether they are still alive or have died, is of value to a Homeopath. Please give details about any serious diseases, history of alcohol and/or drug addiction, epilepsy, Down's syndrome, behavioural problems or any other unusual conditions or problems. Please give cause of death and the age of your relative, if known.

Your mother's side of the family	**Your father's side of the family**
Mother	Father
Grandmother	Grandmother
Grandfather	Grandfather
Aunts	Aunts
Uncles	Uncles
Sisters	
Brothers	
Children	

CONSENT TO HOMEOPATHIC TREATMENT

I confirm that I consent to Homeopathic treatment from Cathy Tennant

Signed:

Date:

15 Curwen Road
Shepherd's Bush
London W12 9AF

t 020 8749 0391
m 07754 705775
e cathy@cathytennant.org