



CASE HISTORY

Please include approximate dates wherever possible.

Return to:

Full Name

Address

Telephone Mobile

Email address

Date and place of birth:

Age Occupation

Marital status Children

Introduced by

Symptoms

Date of onset

Sudden/Gradual

Medical diagnosis – please include dates

Treatment you have had for the present complaint – please include dates

Complaint made worse by

Complaint eased by

Falls and accidents – including dates

Serious illnesses – including dates

Surgery - please include approximate dates

Previous natural therapeutic treatments:

Have you had any of the following? If so, list and give approximate dates

X-Rays

Inoculations

Last medical examination date

Blood transfusions, number of units received, and dates.

Have you ever suffered from:

Asthma

Bronchitis

Chicken pox

Cystitis/urethritis

German measles

Jaundice

Malaria

Measles

Migraine

Mumps

Pneumonia

Rheumatic fever

Scarlet fever

Tuberculosis

Venereal disease

Whooping cough

Do you now suffer from:

Any allergies

Insomnia

Lack/excess of appetite

Varicose veins

Constipation

Diarrhea

If so name the remedy used

Have you ever taken any of the following? If so, specify the actual drug if possible:

Antibiotics

Quinine

Anti-malarial drugs

Steroids

Tonics

Barbiturates

Vitamins

Tranquillizers

Sleeping tablets

Pep pills

Hormone replacements

Cortisone

Social drugs

Contraceptive Pill

What medicines (if any) are you taking now?

Have any of your relatives suffered from:

Asthma

Cancer

Diabetes

Excema

Epilepsy

Heart trouble

Kidney problems

Neurosis

Mental trouble

Rheumatic Fever

Tuberculosis

Arthritis

Any general comments you feel may be important and relevant to your health:

Height

Weight

Blood Pressure: High/Low

Temperament and personality characteristics:

Recreational or other interests:

Daily intake of:

Alcohol

Cigarettes/tobacco

Comments on your diet, including daily fluid intake (other than alcohol):

Religion, Spiritual Faith or Practise/ Philosophy of Life:

Please use the diagrams to indicate and/or describe any areas of pain or discomfort:

Use 'Insert': 'Illustrations' : 'Shapes' to highlight areas on the diagrams

