**AURA HOMOEOPATHY QUESTIONNAIRE**

All information provided is private and confidential.

I would be grateful if you would complete this form in as much detail as possible and bring it with you to your first consultation with me.  Thank you.

Name:

Address:

Post code:                                                            date of birth:

Tel:  (home)                         (mobile):

Email:

Skype name:

Occupation:

Marital status:

Children:

Brief description of main reason for seeking homoeopathy:

Are you taking any medication currently e.g. vitamins, food supplements, contraceptive pill?

Do you suffer from any allergies e.g.  durgs, pollen, animals, foods?

Family medical history (include siblings, parents, grandparents, aunts and uncles) e.g. alcoholism, mental health issues, arthritis, tuberculosis, cancer, heart disease, diabetes, etc.

Childhood diseases (e.g. measles, chicken pox, mumps, glandular fever, whooping cough, tonsilitis?)

Surgical procedures?

Injuries and accidents?

Skin e.g. eczema, psorarsis, moles, abscesses, cold sores, warts, verrucae, impetigo?

Environment & weather preference/reaction e.g. cold, hot, windy, ….?  Do you prefer fresh air or warm rooms, etc.?

Any food or drink cravings or dislikes e.g. chocolate, cold milk, salt, etc.

Any fears or phobias e.g. snakes, spiders, the dark, heights, dentist, etc.

Any recurring dreams?