

Personal Medical Questionnaire

Surname	First Name
Date of Birth Time	Place of Birth Country
Address	Tel Mob. Email:
Marital status	Children
Occupation	
Name of GP	Other Alt.therapists

Prev. Hom. Remedies	Experience
Main Symptoms or Problems L/R side?	Date of onset:
What other problems	Date of onset:
Approx. consumption of : Coffee/Tea Alcohol: Drugs: Cigarettes: Medication/Supplements: Others:	On a weekly basis
Main interests: Hobbies Sports Others	
What are main stressors in life and how do they affect you	
Did you have any particularly stressful or unhappy times in your childhood?	

Special diet, favourite foods		Allergies, aggravations	
Living conditions? House: damp problems?			
Blood group			
Dyslexic? Colour blind? Left handed? Any other conditions?			
Past Medical history		Past pregnancies/terminations	
Mothers pregnancy ie. Caesarian, Forceps etc.		Duration breast fed? Delays in development/i.e. walking?	
Immunisations: Smallpox Diphtheria Whooping cough Tetanus Polio Measles Rubella Mumps Menengitis		BCG (TB) Influenza Hepatitis A / B Cholera Typhoid Yellow Fever Rabies DPT (Dipht/Pertussis/Tetanus) DT (Dipht./Tet)	
Sensitivities: food/skin etc.			
<u>Major Family Medical History</u> Mother _____ Grandmother _____ Grandfather _____ Father _____ Grandmother _____ Grandfather _____ Sisters _____ Brothers _____ Other _____ Pse include any problems listed below: Addison's disease, Aids, Alcoholism, Allergies, Alopecia, Angina, Asthma, Birth defects, High blood pressure, Cancer, chest trouble, Cirrhosis, Coeliac disease, colitis, Crohn's disease, Cystic fibrosis, Dementia, Depression, Dermatomyositis, Diabetes, Drug addiction, Drug allergies, dyslexia, early greying of hair, Eczema, Epilepsy, Gonorrhoea, Hardening of arteries, Hay fever, Heart attack, Hodgkin's disease, Kidney disease, Leukaemia, Liver disease, Migraine		Details _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Mental retardation, Multiple sclerosis, Nervous disease or breakdown, obesity, operations, osteoarthritis, parathyroid disease, Parkinson's disease, pernicious anaemia phobias, porphyria psoriasis, rheumatoid arthritis schizophrenia, stroke, suicide, syphilis systemic lupus erythematosus, Thyroid disease, tuberculosis urticaria (hives)< Vitoligo Other relevant to your complaint:	
Mental/ Emotional		Recurring illnesses	

Use this space to elaborate on any other symptoms, complaints etc both physical and emotional.
