

Homeopathic Treatment Questionnaire

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 10439 Berlin
 Tel. 030 / 25 09 72 62

Age: _____

Full Name: _____

Address _____

date of birth: _____

Sibling series, number: _____

E-Mail: _____

weight: _____

Phone: _____

size: _____

Do you have insurance to cover
 Heilpraktiker costs (private VS, additional VS)?

Yes , which? _____ no

first consultation on: _____

Please bring a photo and the vaccination book, as well as all medications including package inserts, eye drops, ointments, vitamin-mineral preparations that you use. If homeopathic remedies have already been taken, please bring them with you, or get a detailed list.

Please process the questionnaire as carefully as possible. Together with the initial consultation, it forms the basis for treatment according to the rules of classical homeopathy.

Chronicle:

From a homeopathic point of view, you are interested not only in your current complaints, but also in all your previous diseases and disorders. Please enter your complaints, diseases, operations and drug treatment in key words:
On the last page you will find a reminder!

Year of life:	Disease	Treatment
1 st year of life
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2 nd year of life
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Age:

Full Name:

From your family, I am interested in serious illnesses (even if cured) of parents, siblings, aunts/uncles, grandparents and great-grandparents, if known. Please also enter the cause and age of death.

On the last page you will find a reminder!

Great-grandparents

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Great-grandparents

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Grandmother

Grandfather

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Grandmother

Grandfather

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Mother

Siblings
of the mother

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Father

Siblings
of the father

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Siblings of the Patient:

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Age:

Full Name:

As a reminder, also for the family history:

(this page you do not have to hand in)

- Childhood diseases, which ones?
- Hereditary diseases
- chronic, recurrent, very persistent and/or severe diseases
- Vaccination reactions / unaddressed vaccinations / tuberculin samples, Tub. Vaccinations (BCG)
- congenital defects / malformations / anomalies / stillbirths
- epilepsy / seizure tendency
- Parkinson / multiple sclerosis / paralysis
- Alcoholism / addictions
- mental and emotional illnesses / Alzheimer's disease
- Meningitis / encephalitis (inflammation of the brain)
- Eye diseases / astigmatism (astigmatism of the cornea)
- Ear diseases / suppurating earlobes when wearing earrings (e.g. costume jewelry)
- Root-treated teeth / amalgam
- Goiter / thyroid problems
- Heart disease / vascular disease / vein disease / high blood pressure / stroke / arteriosclerosis / hearing loss
- Lung diseases / bronchitis / asthma / tuberculosis
- liver diseases / intestinal diseases / stomach diseases / kidney diseases / tendency to so-called gastrointestinal infections (e.g. vomiting diarrhea)
- rheumatism / gout / stone diseases (gallbladder, kidney, bladder) / increased uric acid / diphtheria
- Hip joint arthrosis / hip dysplasia
- Cancer diseases, which ones?
- Allergic tendency, what kind?
- skin diseases / warts / growths, wild meat
- Diabetes mellitus (diabetes)
- overweight
- venereal diseases / urological treatments (possibly: of the intimate partner(s)?) / genital fungal infections (with/without discharge) / increased PAP values
- nocturnal salivation
- teeth grinding during sleep
- ingrown toenails / upturned nails (spoon nails)
- operations / hospital stays
- malaria / typhoid fever / tropical travel / travel to the Far East
- Cause of death / age at death

Please list any gynecological (women's health) or obstetric problems of the women in your family (mother, grandmother, sisters, aunts, cousins, etc.) e.g.:

Menstrual problems, childlessness, miscarriages and stillbirths, placenta praevia, ectopic pregnancies, premature births, surgical removal of the placenta (afterbirth), cesarean sections, abortions, discharge, genital fungal infections, herpes genitalis, condylomas, genital warts, other warts. Warts, ovarian inflammations, cysts, tubal adhesions, uterine inflammations, cancer, surgeries, etc.
