

HEALTH HISTORY RECORD

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MARITAL STATE: _____ DOB: _____ N. OF CHILDREN: _____

OCCUPATION: _____ REFERRED BY: _____

H.PHONE: _____ W.PHONE: _____ CELL: _____

EMAIL: _____

MAJOR COMPLAINTS IN ORDER OF IMPORTANCE FOR YOU:

1 _____ SINCE: _____ CAUSE: _____

2 _____ SINCE: _____ CAUSE: _____

3 _____ SINCE: _____ CAUSE: _____

4 _____ SINCE: _____ CAUSE: _____

5 _____ SINCE: _____ CAUSE: _____

WHICH OF THE FOLLOWING CONDITIONS HAVE YOU HAD:

Abscess__alcoholism__allergy__anemia__arthritis__asthma__C.pox__Cold sore__
canker sore__depression__diabetes__emphysema__Gall stones__goiter__
gonorrhea__gout__hayfever__heart disease__Hepatitis__herpes__flu__
kidney disease__malaria__measles__miscarriage__mononucleosis__
mumps__pelvic inflammatory disease__pneumonia__prostatitis__stroke__
rheumatic disease__scarlet fever__sexual abuse__skin disease__strep throat__
sunstroke__syphilis__tuberculosis__typhoid fever__venereal disease__warts__

Any other major conditions? _____ Never well since any?

Surgeries: _____

Traumas: physical/emotional _____

Current medication: _____

HOW MUCH OF THESE SUBSTANCES ARE YOU TAKING?

TOBACCO: _____ ALCOHOL: _____

COFFEE: _____ REC DRUGS: _____

WHAT EXERCISES YOU DO/HOW MUCH? _____

WHAT VACCINATIONS HAVE YOU TAKEN: _____

HAVE YOU TAKEN ANTIBIOTICS FOR A PROLONGED TIME? WHY? WHEN?

AGE OF FIRST MENSES: _____ N. OF PREGNANCIES: _____

FAMILY HISTORY:

MOTHER, AGE: _____ MED. CONDITION _____

FATHER, AGE: _____ MED. CONDITION _____

N.OF SIBLINGS _____ MED CONDITION _____

RELATIVES' MED. CONDITIONS: _____

ACKNOWLEDGEMENT AND CONSULTATION AGREEMENT

My signature below, acknowledges that Rosana Domingues is a classical homeopath and not a licensed physician and that I am choosing homeopathic care, fully aware that the practices of Homeopathy are quite different from the Conventional Medicine and sometimes cannot address all of my needs and that maintaining a relationship with a physician that works within the conventional system is sometimes necessary.

It is understood that information provided is confidential and will not be shared without the client's consent.

Fee schedule is as follows:

First Homeopathic consultation fee: \$325

Follow Up Homeopathic consultation fee: \$155

Remedies are included in the fee. Exceptions are: Special orders and extra doses.

I also agree to call the office at least 24 hrs in advance to cancel my appointment in case I can't keep it. As a policy of this center, missed appointments without the appropriate notice will be charged at 50%.

Printed Name

Signature

date