

NEW PATIENT FORM – Confidential

Completing this form will enable us both to better understand the reasons for your current complaints.
Nobody but you or I will ever have access to it. Please bring it with you to your first consultation.
(If you wish to complete this electronically and email it to me, please ask me to email you a copy.)

CONTACT DETAILS

Name:	Date of Birth:
Address:	
Postcode:	Tel No:
Mobile Tel No:	Email:

MAJOR COMPLAINTS

List the major complaints you would like help with, in order of importance:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

YOUR MEDICAL HISTORY

(Do the best you can, talk to Mum/Dad if possible. Never mind the spelling!)

Date (Age 3 etc)	Problem / Symptom(s)	Doctor Medications if Known

Continue in the box on the next page, if necessary

FAMILY HISTORY

Please give me the 5 major illnesses that affected the following members of your family

MOTHER (Age)	FATHER (Age)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Mat. Grandma (Age)	Mat. Grandpa (Age)	Pat. Grandma (Age)	Pat. Grandpa (Age)
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

Peter C K Smith, LCH RSHom – Registered Homeopath
The Barn, Grenna Lane, Perranwell Station, Truro TR3 7LN Cornwall, UK 44 (0)1872 870801
EMAIL: pcksmith@talktalk.net WEBSITE: www.pcksmith.com

SISTERS AND BROTHERS

Sibling (Age)	Problems / Symptom(s)

YOUR MEDICAL HISTORY (Continued)

Date (Age 3 etc)	Problem / Symptom(s)	Doctor Medications if Known

Tick here if there are any particular sensitive items you do not wish to write down ()
Often it is more useful to discuss the feelings surrounding particular event(s) than to discuss the actual event(s) themselves.)

Any other information you think would be useful for me to know about: