



# Redding Homeopathy

## Health Profile

### Contact and Birth Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

If Child, Parent's Name \_\_\_\_\_

Address/ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Living/ Household Arrangements

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Cohabiting \_\_\_\_\_

Live with: Spouse \_\_\_\_\_ Parents \_\_\_\_\_ Relatives \_\_\_\_\_ Friends \_\_\_\_\_

Alone \_\_\_\_\_

Pets (list): \_\_\_\_\_

What type of education do you have? \_\_\_\_\_

Occupation: \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Retired \_\_\_\_\_

Have you served in the military? \_\_\_\_\_ Branch: \_\_\_\_\_

If Yes, when and where did you serve? \_\_\_\_\_

Did you experience any injuries or receive any vaccinations or treatments of any kind? \_\_\_\_\_

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Are you familiar with or have ever had Homeopathic or Naturopathic Therapies? \_\_\_\_\_

Chief Complaints:

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

Comments about your most important health problems.

### Health Issues and Background

Please list any health issues you would like to work on. For each issue include:

- When it began.
- What was going on in your life at that time, including emotional events that impacted you.
- Any other details you feel are important.

Have you had any health conditions (physical or emotional), as well as surgeries in the past?

Have you had any previous reactions to vaccinations or drugs? \_\_\_\_\_

If so, list the drug or vaccination and explain.

### Mental/ Emotional State

How do you feel emotionally on a day to day basis?

Please detail and include any information on prior events that may have impacted you being in this current state.

How is your sleep? How many hours of sleep do you get on average?  
How do you feel when you wake?

### Injury

Did you ever have a head injury, concussion, or been knocked unconscious? If so, explain with date.

Any results/issues that remain since this injury? Include emotional.

Medication, Vitamins, Remedies

Are you sensitive to medications, remedies, etc?

Are you a sensitive person in general?

List vitamins, supplements, herbs, as well as any prescription and non-prescription medications you are currently taking. Include the reason you are taking them.

Do you use any type of recreational drugs? Include what type and how often.

What homeopathic remedies were previously taken or currently taking? List the results from each.

Foods and Eating.

What type of foods do you crave or gravitate to?

What type of drinks do you like to drink?

Are you a thirsty person?

Do you like ice in your drinks?

Bowels/ Kidneys

Do you get diarrhea or are you constipated?

Any difficulties with urinating/ your kidneys?

### About You

Please briefly describe yourself so I can understand your *temperament, values, goals, interests, hobbies, etc.*

Feel free to add anything else here that you think it is important or relevant including any major life changes.

Write a general timeline of your life (birth-present). Try to correlate what was going on in your life around the time your physical/emotional issues began.

Disclaimer:

The services performed by Christine Darling and/or Redding Homeopathy are at all times restricted to the subject of homeopathic matters intended for the maintenance of the best possible state of vitality and health and do not involve the diagnosing, treatment or prescribing of remedies for disease.

**Sign** \_\_\_\_\_ **Date** \_\_\_\_\_  
(parent if child is under 18 yrs.)