



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? _____

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 to 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.)