

Name :
Address:
Telephone:
Email :
D.O.B :
In a relationship?
Occupation
Any children, and what ages?

Presenting condition(s) (in detail):

When it started

Any factors that may have contributed to the onset of the condition:

What makes it better that you are aware of?

What makes it worse that you are aware of?

Is there a time in the day when it is worse?

Are there any activities that affect it?

Any other symptoms at all, even unrelated?

Any past medical history (full details)?

Think about any patterns of headaches, digestive problems, asthma, skin conditions etc.

Birth weight, if known:

Childhood ailments:

Which vaccinations?

Any reactions to vaccinations or any medical drugs?

Any known allergies?

Any injuries?

All other medical conditions:

Any cold sores?

Any warts?

Any mouth ulcers?

Are you on any medication?

If so, what?

Any family history (cancer, heart disease , diabetes ,asthma etc)?

Include Grandparents, parents and siblings.

What are your life long favourite foods?

Favourite meat?

Do you prefer meat to fish?

Any foods or flavours you dislike?

Do you like or dislike:

Salty?

Sweet?

Spice?

Vinegar?

Are you thirsty ?

What do you drink? tea, coffee, juice, water etc.

Any alcohol? – obviously does not apply to children !

Any smoking? – ditto

Are you more likely to get too hot or too cold?

Do you perspire much? Where from?

What is your best time of day?

What is your worst time of day?

Sleep pattern:

Any problems with sleep?

In sleep, do you :

snore?

talk?

walk?

grind your teeth?

How do you lie in your sleep?

Any memorable dreams?

Any recurring dreams?

Do you have any nightmares? If so, what of?

Any fears (dark, heights, spiders, thunderstorms, fairgrounds, tunnels, flying etc)?

Any major traumatic events in your life?

This may be loss, injury, big change, shocking events, witnessing trauma etc.

Temperament/Character: please write me a detailed description of yourself

Think of things as well like:

1. are you tidy/organised?
2. what irritates you?
3. ambitions?
4. hobbies? If you like to read, listen to music, watch films etc then what type?
5. What do you like to do socially?
6. Do you enjoy your own company?
7. Are you someone who shares your worries or do you prefer to keep them to yourself?
8. Mood swings? Do you get depressed, etc?
9. What makes you cry?
10. Relationships with your parents, siblings, partner, children?
11. Any bereavements?
12. Do you enjoy your work ?
13. Please tell me as much as you can about your personality.....

If there is anything else that you think may be relevant .. please add..

Thank you so much, and please return via email, or post to:

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