

The Light House

HOMEOPATHY CHECKLIST

Client Details

What health problems do you have?

What illnesses have you had in the past?

As a child?

Are there any illnesses that run in the family?

What medication do you take?

Are you allergic to any pills or medicines?

Are there any illnesses that run in the family?

Social

Who do you live with?

What is your occupation?

Does it have any health hazards?

What are your hobbies and interests?

Do you smoke?

What is your alcohol intake?

Have you had any bereavements and losses?

Is there anything else relevant?

Mind Symptoms

Physical symptoms

Generalities

How would you describe yourself?

Modalities

What makes you better or worse?

Finally

Is there any event or recurrence that you think is significant?

Is there anything else that might be relevant?