



Sam Adkins
THE HOMEOPATHIC COACH
OVERCOME HEALTH CHALLENGES NATURALLY

Dear Client,

Thank you for booking in for your online consult with Sam Adkins, The Homeopathic Coach.

In this pack you will find two forms. Please fill these out and save them and then [email them as an attachment to: sam@thehomeopathiccoach.com](mailto:sam@thehomeopathiccoach.com) at least 48 hours before your consultation time. (Note: Mac users please save form as a zip file and attach)

If there is any extra information you would like to send, feel free to do so in the same email.

I look forward to meeting you on skype and helping you overcome health and well being issues naturally!

Best wishes

Sam



Learn how to use Homeopathy
with our **EASY ONLINE COURSES**





ADULT HEALTH HISTORY

Please complete this form and **BRING IT WITH YOU** to your initial consultation.

Online consults: Please save and email to sam@thehomeopathiccoach.com

PATIENT DETAILS

Name: DOB Age..... Sex

Address:

Email:

Phones: H W M.....

Occupation: Marital status No of children.....

GP

Name Phone

Address

MAIN HEALTH ISSUE

What problem would you like treated (please describe)

.....

.....

List your current symptoms and any factors which make them better/worse (activity/rest/foods/temperature/weather etc)

Symptom Modifying factor.....

.....

.....

When did this start? (include here any events that preceded it such as change of job, moving house, after an illness.)

.....

.....

Please list all conventional and complementary medical treatments you have tried so far for this issue.

Please rate them on a scale of (1 low efficacy and 5 highly efficacy)

.....

.....

Additional health issues

.....

.....

List any medications/supplements/herbs are you currently taking?

.....

.....



PATIENT GENERAL HEALTH INFORMATION

Do you have? Please rate all of the following on a 1-5 scale (1 is low severity and 5 is high severity)

Allergies/sensitivities to Drugs (eg penicillin).....
Foods.....
Environmental (eg pollens or dust)

DIGESTIVE SYMPTOMS

Pain.....
Bloating.....
Indigestion.....
Diarrhoea.....
Constipation.....
Wind.....

FOODS

What foods do you crave? When?.....
What foods do you severely dislike?.....

SLEEP PROBLEMS

Difficulty getting to sleep.....
Waking during sleep.....
How do you feel on waking?

SYMPTOMS IN OTHER AREAS? (Please check any thing current)

Head eyes ears nose teeth chest urinary tract menstrual reproductive skin
 skeletal

Do you have currently or in the past (please check)

Eczema asthma hayfever

BODY TEMPERATURE

Do you prefer to be (please check)

Cold Cool Warm Hot

What is your favourite weather and why?

Do You Perspire? Where?

ENERGY LEVELS ON SCALE OF 1-10 (with 1 being low and 10 being very high)

1 2 3 4 5 6 7 8 9 10

MORE ABOUT YOU

Fears or phobias

Smoking (how many per day?) Alcohol (units per week)

Recreational drugs (which/when).....



YOUR MEDICAL HISTORY

Birth/Infant:
Your mother’s health during pregnancy?
Did you experience any birth trauma?
Breastfed? Yes No How long?

CHILDHOOD:

Did you have childhood vaccinations reactions?
Recurring infections? Yes No Where?
Approx number of courses of antibiotics taken in total?

PLEASE GIVE DETAILS OF ANY ADDITIONAL HEALTH ISSUES YOU HAVE HAD (including operations, viruses, injuries)

0-5
.....
5-10
.....
10-15
.....
15-20
.....
20-30
.....
30-40
.....
40-50
.....
50-60
.....
60+
.....

FAMILY MEDICAL HISTORY

Please list known diseases of family members (skin problems, heart disease, high blood pressure, cancer, diabetes, mental illness, other)

Mother
.....
Father
.....
Close family
.....

DESIRED OUTCOME FOR YOUR TREATMENT?

.....
.....

ANYTHING ELSE YOU WANT ME TO KNOW ?

.....
.....





PATIENT PRACTITIONER AGREEMENT FOR LONG DISTANCE CONSULTATIONS

This agreement is designed to protect both the patient and practitioner when working together long distance, interstate or internationally. Please read through carefully and check the box indicating your agreement. Then please print out, sign, scan and email back as an attachment, or post to the address at the bottom of this page.

- I understand that the best outcome for homeopathic treatment is usually achieved by a face-to-face consultation
- I understand that physical examinations which may be necessary are not possible long distance, and that they may be needed for a fully accurate health assessment.
- I therefore agree to take the advice of my homeopath in visiting my local doctor/GP/MD or another medical practitioner should it be advised, and that this is my responsibility.
- While knowing these factors I choose to have a long distance consultation with Sam Adkins, The Homeopathic Coach

Signed:

Date:

Name: (block capitals)

