



PERSONAL DETAILS FORM
Confidential

Please complete this section in blocked capitals

Name: _____

Address: _____

Telephone no: _____

Date & Age Place of Birth: _____

Marital status: _____

Sex: _____

Height & Weight: _____

Occupation: _____

No. Of Children & Ages _____

Doctor's Name & Address: _____

Presenting complaint(s)
Why have you come today?

Other Current Medication

Please give details of any other medication you are currently taking (e.g. vitamins contraception, sleeping tablets)

Past Medical History

Please tick any known past diseases:

Hay Fever	Asthma	Eczema	Glandular Fever	Tonsillitis	Thrush
Whooping cough	Malaria	Traveller diarrhoea	Bronchitis	Cancer	Cystitis
Shingles	Chicken pox	Measles	Mumps	Meningitis	VD
Other (please given details)					

Give details of any of the following (if applicable)

Injuries/fractures:

Surgeries:

Burns:

Heart/Angina Attacks:

Addictions:

Do you Smoke? Y/N

How many per day

Please tick which vaccinations you have had (if known)

Diphtheria	Polio	Tetanus	Measles	Mumps
Rubella	BCG (TB)	Meningitis	Typhoid	Hep A
DPT	MMR	Smallpox		
Other (please list):				

Have you ever had an adverse reaction to a vaccination?

YES/NO

If yes please give details:

Any operations with year

Female – Are you on the contraceptive pill?

Have you been on the contraceptive pill in the Past?..... Dates?.....

Timeline

Please draw your life timeline on the graph below annotating significant highs and lows (e.g. passing exams or getting married is usually a high point, death in family could be a low point)



Childhood Happy/sad

Are there any life events that you feel you have never fully recovered from?

Family Medical History

Any relevant medical history, including cause of death (if applicable/known) of the following:

Mother Grandfather (maternal) Grandmother (maternal)

Father Grandfather (paternal) Grandmother (paternal)

Brother(s) Sister(s)

Please provide any information of family tendencies (e.g. Rheumatism, blood pressure, asthma, allergies, cancer, diabetes, cardiac, skin diseases):

Personality

How would you describe your Temperament/character? (using about five words):

Using the scale 1 to 6 please annotate for each word in the table how it applies to you:

1 = least applies to me 6 = most applies to me

Absent minded	Active	Amiable	Angry
Energetic	Extrovert	Forsaken/poor me	Greedy
Hurried	Indifferent	Impatient	Impetuous
Introvert	Irritable	Jealous	Methodical
Mild	Morose	Neat/clean	Negative (pessimistic)
Organised	Positive (optimistic)	Punctual	Quarrelsome
Restless	Sentimental/weepy	Slow	Solitude(prefer own company)
Sluggish	Sociable	Stubborn	Suicidal
Suspicious	Sympathetic	Talkative	Untidy

Presenting Complaint(s) for each one please provide brief detail of the complaint and:

Medical Diagnosis (if known)

Past & present treatment (including Homoeopathy)

Duration of problem

(include what do you think causes it? What effects if makes it better or worse? What other symptoms appear unrelated but occur at the same time?)

1.

2.

3.

4.

Allergies

Please detail any allergies: (e.g wheat,pollen,dairy)

Fears

Please detail any fears: (e.g. animals, darkness, death, thunderstorms)

Bowels (please give any details about your bowel habits/movements(e.g colour,consistency,smell)

Urine (please give detail anything unusual about your urine (e.g colour,sediment,smell)

Periods/Menopause (if app)

Please give detail anything unusual about your periods/menopause (e.g colour, clots,quantity,pain,frequency,duration,PMT, vaginal discharge)?

Food Preferences/Aversions

Please put the following in the order of your preference beginning with 1 as your most desired (Ignore nutritional value or side effects. Write what you really like/dislike)

- | | | | | | |
|----|---------|------|------------|--------|---------|
| 1. | Sweet | Sour | Salt/salty | Bitter | Savoury |
| 2. | Chicken | Egg | Red Meat | Fish | |

What is your favourite food(s)?

What food(s) do you dislike/hate?

What food(s) if any don't you eat as they disagree with you?

Do you like green leafy vegetables?	Yes	No	Doesn't like me
Do you like fat on meat (e.g fat on ham?)	Like	Don't like	Doesn't like me
Do you like milk, cream, ice cream?	Like	Don't like	Doesn't like me
Do you like spicy food?	Yes	No	Doesn't like me
What temperatures do you like your food?	Hot	Warm	cold Not bothered

Thirst

Please indicate your usual drinking preferences (i.e. during the day and evening)(delete as applicable):

Hot/Cold	Long/Short	Gulps/Sips	Frequent/Seldom
Which would you consider yourself?	Thirsty/Thirstless		