BLACKBIRD HOMEOPATHY

Name _____ Date _____

Occupation _____

Education _____

Date of Birth _____ Age _____ Gender __ Blood Type _____

How did you hear about Blackbird Homeopathy?

_____

Family History

	First name	Age	If passed, cause of death
Father			
Mother			
Siblings			
Children			

Check the Items that apply to blood relatives, and list relationship.

- ☐ *Alcohol/drug problem*
- ☐ *Allergy/Asthma*
- ☐ *Anemia*
- ☐ *Arteriosclerosis*
- ☐ *Arthritis*
- ☐ *Binge Eating/Bulimia*
- ☐ *Bleeding Problem*
- ☐ *Cancer*
- ☐ *Diabetes*
- ☐ *Epilepsy/seizure*
- ☐ *Heart Disease*
- ☐ *Skin Disease*
- ☐ *Gonorrhea*
- ☐ *High Blood Pressure*
- ☐ *High Cholesterol*
- ☐ *Kidney Disease*
- ☐ *Liver Disease*
- ☐ *Mental Illness*
- ☐ *Obesity*
- ☐ *Stroke*
- ☐ *Suicide*
- ☐ *Thyroid Disease*
- ☐ *Tuberculosis*
- ☐ *Ulcer*
- ☐ *Syphilis*

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Please check all that apply to you and list approximate dates.

☐ Acne	☐ Endometriosis	☐ Nightmares
☐ AIDS	☐ Fibroids (uterine)	☐ Overweight
☐ Alcohol/drug problem	☐ Gallbladder	☐ Panic Attack
☐ Allergies	☐ Glaucoma	☐ Pelvic Infection
☐ Anemia	☐ Gout	☐ Periodontal Disease
☐ Antibiotics (1x a year)	☐ Hearing Problems	☐ Phlebitis
☐ Anorexia/Bulimia	☐ Heart Attack	☐ Pneumonia
☐ Anxiety	☐ Heart Failure	☐ Premenstrual Tension
☐ Arthritis	☐ Hemorrhoids	☐ Prostrate Problems
☐ Asthma	☐ Hepatitis	☐ Psychotherapy
☐ Back Problems	☐ Herpes	☐ Rheumatic Fever
☐ Binge Eating	☐ Hernia	☐ Scarlet Fever
☐ Bladder infections	☐ High Blood Pressure	☐ Seizures/epilepsy
☐ Blood clots	☐ High Cholesterol	☐ STI's
☐ Breast lumps	☐ Hives	☐ Sinusitis
☐ Bronchitis	☐ Insomnia	☐ Sleep Disorder
☐ Cancer	☐ Kidney Infection/stones	☐ Steroid Use

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☐ Cataract (s)	☐ Liver Disease	☐ Stroke
☐ Chemical Sensitivity	☐ Lyme/Babesia/Malaria	☐ Suicide Attempt
☐ Chronic Fatigue	☐ Menstrual Problems	☐ Syphilis
☐ Colitis	☐ Mental Illness	☐ Thyroid Problem
☐ Depression/Anxiety	☐ Migraine	☐ Tuberculosis
☐ Diabetes	☐ Mononucleosis	☐ Ulcer
☐ Ear Infection	☐ Mumps	☐ Vaccine Reaction
☐ Eczema	☐ Neurological Problem	☐ Warts

Surgery: List all procedures and approximate dates	Hospitalizations: Reasons/Dates
Accidents, Traumatic Injuries, Broken Bones:	Current Health Problem/Diagnosis:

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Male	Female
Enlarged prostate?	Date of last menstrual period:
Decreased urine stream?	Length of cycle
Unable to interrupt stream?	Length of period
Dribbling after urination?	Age menstruation began:
Pus or drainage from penis?	Menopause?
Genital swelling?	Number of pregnancies
Rash/eruptions?	Number of live births
Problems with sexual function?	Number of abortions/miscarriages
	Vaginal discharge?
	Spotting between periods?
	Painful intercourse?
	Issues with fertility?
	Problems with sexual function?

Lifestyle

Prescription Medications **(List prescribing doctor)** **& Homeopathic Remedies** **(list homeopath)**	**Vitamins, Mineral Supplements** **Do you have any metallic dental work, amalgam, gold, etc?**
Allergies	**Food Allergies (include method of testing)**
Food Cravings	**Alcohol/Recreational Drug Use** Do you drink alcohol or use drugs? How much/often?
Caffeine Do you drink coffee or tea? How much/often?	**Cigarettes** Do you smoke now or did you in the past? How much/often?
Diet Soda/Artificial Sweeteners Describe your use:	**Refined Sugars/Processed Foods:** Describe your use:

Hobbies How often do you do them?	**Living Situation**

Life Changes

Exercise: Describe the ways you get your body moving. Do you feel you get enough physical activity?	**Food:** Do you feel you eat a healthy and well-balanced diet? Do you need guidance/support?
Worry/Anxiety: Do you have particular issues that worry you? How does this impact your life?	**Healthy Relationships:** Do you have a supportive family/community?
Unhealthy Relationships: Have you been a victim of domestic abuse or troubling relationships?	**Spiritual Life:** Do you have a spiritual practice? Is your spiritual life fulfilling and satisfactory?
Intimacy: Are you satisfied with your sexual/intimate life?	**Anything else?** Please indicate any topics you want to address in your consultation.

In the past year, what changes have occurred in your:

Personal Life:
Family Life:
Social Life:
Work Life:
Sex Life: