

PATIENT DETAILS

Name

Date of Birth

Address

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Telephone

Mobile

Email address.....

Name of GP

Address of GP

.....

Name of Specialist Practitioner

Address

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MEDICATION AND TREATMENT TO DATE

Please list all current medication, vitamins and supplements you are taking.....

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Please mention any other therapies you have used, and the ailments they were used for

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Please list vaccinations and any reactions to them

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Do you have any allergies or intolerances ?.....

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Have you experienced any life traumas e.g. bereavement, divorce, moving etc?
What year was this or what age were you?

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FAMILY MEDICAL HISTORY

Please state the illnesses your relatives suffer from or died from.

Paternal Grandmother
Paternal Grandfather
Maternal Grandmother
Maternal Grandfather

Mother
Father

Aunts
Uncles

Siblings

Has anyone in your family had the following? Please state which relative and their approximate age where appropriate:

Alcoholism.....
Drug use/abuse.....
Please state which drug/s
.....
Down's Syndrome.....
Epilepsy
.....
Behavioural problems
.....
Diabetes
Cancer
Depression
Stroke
Suicide / attempted suicide
Anxiety

Heart attack
High blood pressure
Asthma
Hay-fever.....
Eczema / psoriasis
Glandular Fever.....
Sexually transmitted disease
Rheumatoid Arthritis
Tuberculosis
Adoption / abandonment

DATA PROTECTION

By signing this document you give Alison Endenburg permission to use the information provided to:

- a) analyse the conditions for which you have consulted me and prescribe remedies and other therapies
- b) communicate with you about your appointments and symptoms by email, landline, mobile phone
- c) use your postal address to send remedies to you if necessary

Your information will not be shared with any third parties without your prior consent.

You can at any time request that your personal information not be used for these purposes by contacting alison.endenburg@gmail.com or writing to Alison Endenburg, Hebu Clinic, 47 High Street, Tonbridge, TN9 1SD.

Cancellation policy

Kindly phone or email me within 24 hours of your appointment if you want to cancel it. If you don't cancel within this notice period you will be charged the cancellation fee of £30 which will have to be paid before your next appointment. Thank you.

Consent: I hereby confirm that I have requested Homeopathic treatment from Alison Endenburg and have read and understood the data protection and cancellation policies above.

Signed

Dated