**Patient QUESTIONNAIRE**

**ALL INFORMATION PROVIDED HERE REMAINS STRICTLY CONFIDENTIAL**

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| --- | --- |
| **Full name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Email** |  |
| **Telephone** |  |
| **Skype user name (if you have one)**  |  |
| **Address of your GP practice** |  |
| **Please list any medications, vitamins or supplements that you are currently taking** |  |
| **Please list any allergies or intolerances you may have** |  |
| **Please list any major illnesses and surgeries you had in your life** |  |
| **What do you expect from homeopathic treatment?** |  |

Thank you for becoming my patient.

I am bound to strict code of confidentiality and will not discuss cases outside my clinic setting with anyone else.

**A note on Homeopathic Remedies:**

Homeopathic remedies, when correctly chosen, clearly work - but not in the way that drugs do (through chemical actions that affect the body processes). Potentised remedies can work deeply and specifically to stimulate the body to heal itself more efficiently and as such are completely safe to use.

**Advice and Emergencies:**

I do recommend that if you have any doubts in an emergency situation you should contact your GP or Casualty Department.

**Withdrawing Medication:**

It is the policy that you must consult with your GP before withdrawing any medication and should never suddenly stop taking medication without ensuring it is safe to do so.

You should contact your GP or Casualty Departament for medical emergencies.

I confirm that I understand and agree to the above that homeopathy is an alternative approach to health that involves me taking full responsibility for my own health.

By sending this form back I am accepting above provisos I request homeopathic treatment from Kasper Szymański.

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| --- | --- | --- | --- |
| Signed |  | Date |  |