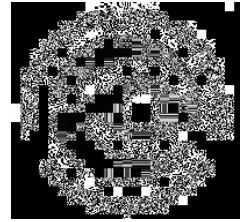


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**PATIENT QUESTIONNAIRE & REGISTRATION DETAILS**

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

\*\*\*\*\*

G.P. NAME \_\_\_\_\_  
G.P. ADDRESS \_\_\_\_\_

G.P. TELEPHONE \_\_\_\_\_

Are you happy for me to contact your GP should it seem necessary? YES \_\_\_\_\_ NO \_\_\_\_\_  
Would you like me to contact your GP anyway? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*\*\*

Details of any vaccinations, the dates received (and any reactions you had to them) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Childhood illnesses, and when you had them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subsequent major illnesses, and when you had them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Other) recent illnesses, and when you had them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current problem \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medications currently taken (name, amount and how often) \_\_\_\_\_

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Family medical history (e.g. cancer, heart disease, T.B., diabetes etc.):

Mother's side (including their family) \_\_\_\_\_

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Father's side (including their family) \_\_\_\_\_

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Food preferences (greatest first):

Likes \_\_\_\_\_

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Dislikes \_\_\_\_\_

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Any striking or unusual things about you \_\_\_\_\_

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It is often useful to video cases for comparison with follow up appointments and also for initial case work-up.

Are you happy for me to video your case? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you be happy for me to use your case (anonymously) in teaching presentations?

YES \_\_\_\_\_ NO \_\_\_\_\_

**DATE** \_\_\_\_\_

**Please bring this with you to your appointment if not previously returned to me**