Amy Cho
Homeopathic Healing Colorado
homeopathichealingcolorado@gmail.com
303-437-6119

PERSONAL HISTORY:
Name:
Address:
Phone:
Email:
Gender: DOB:
Occupation:
Height: Weight:

MAIN COMPLAINT, DURATION OF SYMPTOMS, and REASONS WHY YOU ARE SEEKING HOMEOPATHIC TREATMENT:

Any other illnesses, symptoms:

Any information known about your birth and childhood (i.e. how long was labor, complications, vaginal/c-section, drugs used during pregnancy, breech, premature, etc.):

Vaccinations and Reactions (have you had all childhood vaccinations? Any repeated? Any adverse/negative reactions? Include Flu vaccines and most recent date:

Traumatic Events/Life Altering Situations/Stressful Experiences/Losses (Include age/dates):

Operations/Surgeries/Accidents, any part of your anatomy removed (include age/dates/conditions):

List any medications you are currently taking, include herbal, homeopathic, supplements, vitamins/minerals, or any other substance used:

PERSONAL and FAMILY HISTORY

List any personal and family illnesses, diseases, conditions, include relationship to you along with age information (mental, emotional, physical conditions):