Bespoke Births (NZ)

Angela Ivory **angela@bespokebirths.co.nz** **Ph: 021 297 2312**

Homeopathic Consultation Intake Form – Female Balance

Name: _____ Date of Birth: _____

Address:

_____

Street City Postal code

Telephone: Home: _____ Mobile_____

E-mail address: _____

Referred by:

Major Complaints in Order of Importance For You:

Complaint	Since	Causes

Which Medications Are You Currently Taking?

Medication	Since	Adverse Effects

What Other Treatments or Regimes Are You Currently Following?

Treatment or Regime	Since	Results

Which Of The Following Conditions Have You Had? Please circle all that apply

Acne Allergies Anemia Anxiety Bloating
Cancer Depression Diabetes Endometriosis Headaches Irritable Bowel Syndrome (IBS)
Infertility (Unexplained) Irregular Menstrual Cycles Insomnia Miscarriage (including recurrent)
Mononucleosis (Glandular fever) Pelvic Inflammatory Disease (PID) PCOS PMS PMDD Thyroid issues

Any Other Major Conditions?

Are there any of the preceding conditions after which you have not been totally well again? Yes/No

Which Ones?

(Women)Age of first Menses (Period):_____

(Women)Number of Pregnancies:_____

(Women) Age of Perimenopause/Menopause:_____

Are You Currently Under the Care of a Physician(s)?
Physician For Which Condition/s? Treatments

What Major Operations Have You Had?

Operation	When	Complications

What Major Injuries Have You Had?

Injury	When	Complications

Which of the Following Substances Are You Using?
Tobacco_____Alcohol_____Coffee_____Recreational Drugs_____

How many times per day?

Anything else you would like me to know about?

Indicate below, which of the following ailments, or any other major ailments, have affected your relatives:
Alcoholism Allergies Anxiety Arthritis Asthma Cancer Depression Diabetes
Epilepsy Heart Disease Kidney issues/disease Liver disease Migraine Miscarriage PMT PMDD Stroke

Relative	Age if alive	Age at death	Ailments
Mother			
Father			
Brothers			
Sisters			
Children			
Maternal Grandmother			
Maternal Grandfather			
Maternal Aunts/Uncles			
Paternal Grandmother			
Paternal Grandfather			
Paternal Aunts/Uncles			

Is there any other information that I would need to know?

_____

_____

_____

_____

_____

_____

Professional Waiver

PLEASE READ THE FOLLOWING CAREFULLY (if under 18years of age, a parent or guardian must sign.) I, the undersigned, understand that Angela Ivory (R.C Hom) is a Homeopath and not a licensed medical doctor. As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions. In consulting with Angela Ivory, I am exercising my right to choose an alternative method of treatment through which to address my total health. I agree to pay all fees presented in the current rate schedule. I acknowledge that all personal information will be kept confidential. I consent that from time to time I may receive e-mails from Angela Ivory/Bespoke Births (NZ) which will provide me with relevant health information/newsletter, upcoming events. I understand that I can unsubscribe to these e-mails at any time.

Client Signature: _____ Date: _____