

PATIENT INTAKE FORM

SARAH DAY HOMEOPATH

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416-452-6534

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Telephone number: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Name of Guardian if patient is younger than 18 years old: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Guardian phone number: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Referred by / learned about Sarah Day Homeopath through: \_\_\_\_\_

Health History:

Childhood illnesses: \_\_\_\_\_

Vaccinations: \_\_\_\_\_

Reaction to vaccinations: \_\_\_\_\_

Injuries / dates: \_\_\_\_\_

Surgeries / dates: \_\_\_\_\_

History of illness, dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Health History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current presenting symptoms:

Physical symptoms: \_\_\_\_\_  
When they come on: \_\_\_\_\_

Psychological symptoms: \_\_\_\_\_  
When they come on: \_\_\_\_\_

Emotional symptoms: \_\_\_\_\_  
When they come on : \_\_\_\_\_

What makes your symptoms better? \_\_\_\_\_  
\_\_\_\_\_

What makes your symptoms worse? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a Homeopathic Remedy? If so, what remedy (ies) and when?

\_\_\_\_\_

Is there any other information you want to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Homeopathic Consultation Fees:

Homeopathic Consultation: \$100

Follow-up Homeopathic Consultation if within 1 year from Consultation: \$50

Acute Homeopathic Consultation: \$50

Please call or email if you have any questions, and please send your completed Patient Intake Form by email or bring with you to your consultation.

Thank you and be well!