

milva.homeopathy@gmail.com
www.milvahomeopathy.com



Homeopathic Consultation New Patient Intake Form

I,the undersigned, understand that Milva Petrova HOM, is a Registered Homeopath and not a medical doctor. As such, I acknowledge that it is my right and responsibility, at any time throughout my treatment with Milva Petrova HOM, to seek medical consultation and diagnosis. I am free to do so from a medical doctor, for any present and/or future condition(s). I also reserve the right to terminate my homeopathic treatment at any time. I acknowledge that the state of my health is my own responsibility and that I am performing my right to choose an alternative method of treatment, in homeopathy, that addresses my health in its entirety. I consent that after assessment, answering of questions, and discussion of treatment options, to my satisfaction, I will voluntarily follow recommended treatment advice. I understand I can withdraw my consent at any time. I understand that the information provided from me will be kept strictly confidential for 10 years after my last visit and used only for the purposes of my care.
Homeopathy is not covered by existing government medical insurance plans; therefore I agree to pay all fees incurred as presented in the current rate schedule.

Patient's Signature:
Date:
If under 18 years of age, a parent or guardian must sign on your behalf.

Patient First Name
Date of Birth
Sex
Address
City Province Postal Code
Phone
Email
Family Doctor
Address City
Province Postal Code
Phone
Date of Initial Consultation
Referred by:
Occupation:
Employer:
Health Insurance Provider:.....
Health Insurance Policy number.....

Patient Last Name

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Vaccination History & Childhood Illnesses

Diphtheria

Age when vaccinated: Age when/if ill:

.....
.....

Pertussis (whooping cough)

Age when vaccinated: Age when/if ill:

.....
.....

Tetanus

Age when vaccinated: Age when/if ill:

.....
.....

Measles

Age when vaccinated: Age when/if ill:

.....
.....

Mumps

Age when vaccinated: Age when/if ill:

.....
.....

Rubella

Age when vaccinated: Age when/if ill:

.....
.....

Chicken Pox

Age when vaccinated: Age when/if ill:

.....
.....

Other What?

Age when vaccinated: Age when/if ill:

.....
.....

Any adverse affects from vaccinations?

Have you had any major INJURIES?

.....
Type: Location: Age:

.....
Type: Location: Age:

What SURGERIES have you had, if any?

Type: Location: Age:

.....
Type: Location: Age:

Female:

What was the age of your first menses:

Method of Birth Control.....

How long?

Previous pregnancies?

Any miscarriages /abortions?

Complications with any of the above?

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Male:

Any history or impotence, erectile dysfunction, prostate or urination problems?

When?

What treatment occurred and for how long?

Are there any of the preceding conditions after which you have never been totally well again? Which one(s)?

.....
.....
.....

Have you experienced any serious emotional or physical trauma? (shock / grief / disappointment)

.....
.....

Have you lost any weight lately? How many kg?

Do you exercise and how often? What type?

How much of the following substances are you using?

Tobacco:

Alcohol:

Coffee:

“Recreational” drugs:

Do you have any hobbies? Do you practice any spiritual discipline?

.....
.....

Health History of Relatives

Alcoholism, Allergies, Arthritis, Asthma, Cancer, Depression, Diabetes, Epilepsy, Gonorrhea, Gout, Hay fever, Heart disease, Mental Illness (specify type), Paralysis, Pneumonia, Skin disease, Syphilis, Tuberculosis, or ANY OTHER MAJOR AILMENTS:

.....

Relative relationship	Alive (yes/no)	age	Ailment / disease	Cause of death if deceased
Maternal grandfather				
Maternal grandmother				
Paternal grandfather				
Paternal grandmother				
Brothers/ sisters of the mother				
Brothers/ sisters of the father				

(647) 780-5221

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Mother				
Father				
Sister(s)				
Brother (s)				

IS THERE ANYTHING ELSE THAT YOU FEEL IS IMPORTANT TO YOUR CASE THAT YOU WOULD LIKE TO SHARE?.....

Thank you for taking the time to complete this form. All information contained herein will remain strictly confidential.