

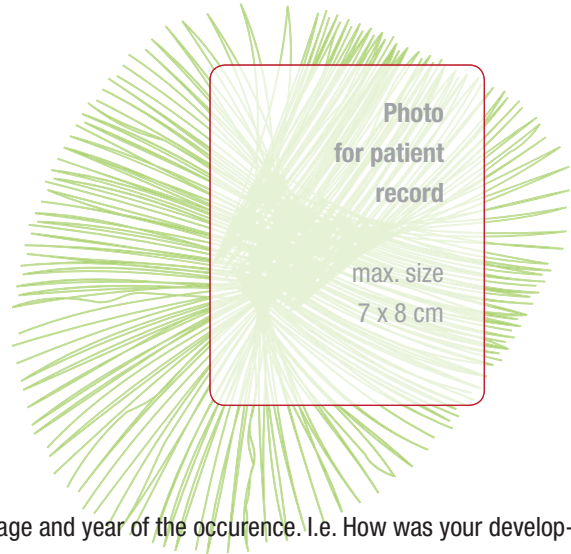


**Homeopathic Anamnesis:
Patient and Family History**

Surname

First name

Date of birth



Patient history

Please fill in particulars concerning your health since birth. Include the age and year of the occurrence. I.e. How was your development as a child (first teeth, steps, words)? Particular reactions to vaccinations? Which disorders, diseases, operations, accidents occurred in your life? Which events influenced you strongly?

Family history

List any disorders and diseases which occurred to your blood related family members (parents, siblings, grand parents, uncles, aunts etc.). Examples: eczema, allergies, otitis media, appendicitis, thyroid disease, asthma, tuberculosis, heart diseases, high blood pressure, hepatitis, gallstones, cystitis, back complaints, diabetes, varicose veins, miscarriage, malformation, venereal diseases, tumors, cancer, epilepsy, mental disorders, addictions, etc.
